

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90048 009 \*\*\*150.00

**DOCUMENT # P99000105635**

1. Entity Name  
**HEAD WEST HAIR & NAIL SALON, INC.**

Principal Place of Business  
**10044 GRIFFIN ROAD  
 COOPER CITY FL 33328**

Mailing Address  
**10044 GRIFFIN ROAD  
 COOPER CITY FL 33328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**2000 Harrison ST #5**  
 Suite, Apt. #, etc.  
 City & State  
**Hollywood FL**  
 Zip  
**33020**  
 Country  
**Broward**

4. FEI Number  
**65-0966413**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEMEYER, ERIC  
 10044 GRIFFIN ROAD  
 COOPER CITY FL 33328**

7. Name and Address of New Registered Agent  
 Name  
**Lawrence Tolchinsky P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2100 E. Hallandale Bch Blvd**  
 Suite 200  
 City  
**Hallandale** **FL** Zip Code  
**33009**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Eric Demeyer* DATE 4-26-00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>President</b>                    | <input type="checkbox"/> Delete | TITLE<br><b>Eric Demeyer</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2000 Harrison ST #5</b> | <input type="checkbox"/> Delete | STREET ADDRESS<br><b>Hollywood FL</b>                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP<br><b>33020</b>               | <input type="checkbox"/> Delete | CITY-STATE-ZIP<br><b>33020</b>                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                               | <input type="checkbox"/> Delete | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP                               | <input type="checkbox"/> Delete | CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                               | <input type="checkbox"/> Delete | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP                               | <input type="checkbox"/> Delete | CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS                               | <input type="checkbox"/> Delete | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP                               | <input type="checkbox"/> Delete | CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eric Demeyer* DATE 4-26-00 DAYTIME PHONE # 9549208220  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)