

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90100 022 \*\*\*150.00

**DOCUMENT # P99000106177**

**1. Entity Name**  
**SALON MICHAEL INC.**

**Principal Place of Business**  
**5640 N. FEDERAL HWY.**  
**FT. LAUDERDALE FL 33308**

**Mailing Address**  
**5640 N. FEDERAL HWY.**  
**FT. LAUDERDALE FL 33308**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0977729**

Applied For

Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GARRIDO, JOYCE**  
**5640 N FED HWY**  
**FORT LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **D** ☐ Delete  
**NAME** **GARRIDO, JOYCE**  
**STREET ADDRESS** **5640 N FED HWY**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33308**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachments  
872179  
#P99000106177

September 13, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: FEI # 65-0977729 Salon Michael, Inc.

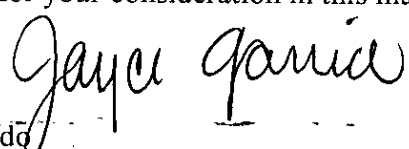
To whom It May Concern:

Recently, we received dissolution of corporation form from the Department of State saying that Salon Michael, Inc. was going to be dissolved. Our office has never received any documentation regarding the renewal of this corporation, either in January, 2002 or the second notice a few months later as your office said we should have received.

We are requesting that your office waive the reinstatement fee. Enclosed please find the reinstatement form along with a check in the amount of \$150.00 for the yearly registration fee.

Thank you for your consideration in this matter.

Sincerely,

  
Joyce Garrido  
Registered Agent