

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107231

1. Entity Name

SALON 441, INC.

Principal Place of Business

404 S. FIG TREE LN.
PLANTATION FL 33317

Mailing Address

404 S. FIG TREE LN.
PLANTATION FL 33317

2. Principal Place of Business

19585 K STATE ROAD 7

Suite, Apt. #, etc.

3. Mailing Address

19585 K STATE ROAD 7

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33498

Country

USA

Zip

33498

Country

USA

4. FEI Number

65-0967914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRENON, RUDOLPH C
404 S. FIG TREE LN.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

April 29, 2000

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 \$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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RUDOLPH GRENON	
STREET ADDRESS	404 S. FIG TREE LN.	
CITY-ST-ZIP	PLANTATION FL. 33317	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	STEPHEN SCHWARTZ	
STREET ADDRESS	7690 LAGO DEL MAR DR. UNIT	
CITY-ST-ZIP	BOCA RATON FL. 33433 403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

April 29, 2000

Date

Daytime Phone #

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-24-2000 90181 049 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)