

2000 UNIFORM BUSINESS REPORT (UBR)

031235

DOCUMENT # S14755

1. Entity Name

VILLAGE HAIR ENTERPRISE, INC.

FILED

00 FEB 14 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3700 INVERRARY DRIVE
INTERNATIONAL VILLAGE CONDOMINIUM
LAUDERHILL FL 33319

Mailing Address

3700 INVERRARY DRIVE
INTERNATIONAL VILLAGE CONDOMINIUM
LAUDERHILL FL 33319-5100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0239049

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

CACCANO, CAROL
1960 NE 62ND CT
FT LAUDERDALE FL 33308

Name CACCANO, CAROL

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 *CAROL CACCANO Pres*

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

(NOTE: Registered Agent signature required when reinstating)

Jan 31-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME CACCAMO, CAROL
STREET ADDRESS 2143 NE 58TH CT.
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1960 NE 62nd COURT
CITY-ST-ZIP FT. LAUDERDALE, FL. 33308

TITLE VSD
NAME CACCAMO, PAUL
STREET ADDRESS 3700 INVERRARY DR.
CITY-ST-ZIP LAUDERHILL FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1960 NE 62nd COURT
CITY-ST-ZIP FT. LAUDERDALE, FL. 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ 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: *Carol Caccamo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31-2000 954
Date Daytime Phone # 7840474

CFR2034 (9/99)