

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90028 009 ***150.00

DOCUMENT # S14755

1. Entity Name
VILLAGE HAIR ENTERPRISE, INC.

Principal Place of Business	Mailing Address
3700 INVERRARY DRIVE	3700 INVERRARY DRIVE
INTERNATIONAL VILLAGE CONDOMINIUM	INTERNATIONAL VILLAGE CONDOMINIUM
LAUDERHILL FL 33319	LAUDERHILL FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	

3607 OAKS CLUBHOUSE DRIVE
POMPANO BEACH, FL 33069

4. FEI Number	65-0239049	Applied For
		Not Applicable
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	
CACCAMO, CARAL		Name	
1960 NE 62ND CT		Street Address (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33308		3607 OAKS CLUBHOUSE DRIVE	
		City	
		POMPANO BEACH FL	
		Zip Code	
		33069	

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 CACCAMO* *Caral Caccamo* *Mar 11-2002*

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.	FILE NOW!!! FEE IS \$150.00	10. Election Campaign Financing
(See criteria on back) <input type="checkbox"/>	After May 1, 2002 Fee will be \$550.00	Trust Fund Contribution. <input type="checkbox"/>
	Make Check Payable to Department of State	\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACCAMO, CAROL	NAME	
STREET ADDRESS	3700 INVERRARY DR	STREET ADDRESS	3607 OAKS CLUBHOUSE DRIVE
CITY-ST-ZIP	LAUDERHILL FL 33319	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VSD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACCAMO, PAUL	NAME	
STREET ADDRESS	3700 INVERRARY DR	STREET ADDRESS	3607 OAKS CLUBHOUSE DRIVE
CITY-ST-ZIP	LAUDERHILL FL 33319	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* *Caral Caccamo* *Mar 11-2002* *954-8039012*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #