

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 579914 ✓

1. Entity Name

SHEER ESSENCE HAIR DESIGN, INC

01 SEP 27 AM 11:01

B0065496

Principal Place of Business Mailing Address
4236 NW 12th ST. 4236 NW 12th ST.
LAUDERHILL FL 33313 LAUDERHILL FL 33313

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

65-0288860

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

WILLIAMS, BEVERLY C.
4236 NW 12th ST.
LAUDERHILL FL 33313

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 necessary)

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, 2001 Fee will be \$350.00

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 NAME ☐ Delete
P. WILLIAMS, BEVERLY
STREET ADDRESS 4236 NW 12th ST.
CITY-ST-ZIP LAUDERHILL FL 33313TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
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CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
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: Beverly Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Page 2

CR20034 (1/1/00)

Beverly Williams
D.B.O. Sheer Essence ¹⁹²⁹
Hair design &c
4236 NW 12 st.
Lauder Hill Fl. 33313
Sept. 24, 2001
#65-0288860

Florida Department of State
Division of Corporations
Corporate Record
P.O. Box 6327
Tall. Fl. 32314

To Whom it may Concern
I did

Not receive my Annual Uniform Business
report, for this year. After enquiring I discovered
that, ^{other} ~~of~~ the businesses in our area, did
not receive them either. I called your
office in August to enquire. I was told
to download a form from my Computer
fill the form and mail it in with a
check for \$150. I did.

P.T.O