

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38245

1. Entity Name

**SALON SECRETS, INC.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90378 036 \*\*\*150.00

Principal Place of Business

**10191 W SUNRISE BLVD  
PLANTATION FL 33322  
US**

Mailing Address

**10191 SUNRISE BLVD  
PLANTATION FL 33322  
US**

**001265**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**GRABOWSKI, CAROL  
155 LAKEVIEW DR #201  
WESTON FL 33326**

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 app. cab e.

(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 \$150.00**  
**After MAY 1, 2001 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	VT	<input type="checkbox"/> Delete
NAME	GRABOWSKI, GEORGE S	
STREET ADDRESS	155 LAKEVIEW DR., #201	
CITY- ST- ZIP	WESTON FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GRABOWSKI, CAROL	
STREET ADDRESS	155 LAKEVIEW DR.	
CITY- ST- ZIP	WESTON FL 33322	
TITLE	M	<input type="checkbox"/> Delete
NAME	GRABOWSKI, KELLY	
STREET ADDRESS	155 LAKEVIEW DR #201	
CITY- ST- ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**Kelly Grabowski M.** 4/24/01 370-6263

Date

Daytime Phone #

CR2E034 (10/00)