

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90092 042 ***150.00

DOCUMENT # V50000

1. Entity Name

NO. 1 BEAUTY SALON FURNITURE, INC.

Principal Place of Business

Mailing Address

**5813-19 RODMAN ST
HOLLYWOOD FL 33023**

**5813-19 RODMAN ST
HOLLYWOOD FL 33023**

2. Principal Place of Business

5819 RODMAN ST.

Suite, Apt. #, etc.

3. Mailing Address

5819 RODMAN ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-0342436

Applied For

Not Applicable

Zip

33023

Country

BROWARD

Zip

33023

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARACATSANIS, Hripsime

**5813-19 RODMAN ST
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

5819 RODMAN ST.

City

HOLLYWOOD

FL

Zip Code

33023

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)

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, 2002 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 **DP** ☐ Delete
NAME **SHIRINIAN, VAROUJ**
STREET ADDRESS **5813-19 RODMAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **T** ☐ Delete
NAME **CARACATSANIS, Hripsime**
STREET ADDRESS **5813-19 RODMAN ST**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **5819 RODMAN ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **5819 RODMAN ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hrip CARACATSANIS

4-17-02 954-981-0403

Date

Daytime Phone #

CR2E034 (9/01)