

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57317

1. Entity Name

TOTAL CONCEPT HAIR RESTORATION CENTER, INC.



FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90102 050 ***150.00

A0074701



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1920 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306

Mailing Address
 1920 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0379460

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

VENTIMIGLIA, LEONARD A
 1920 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306

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 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 STREET ADDRESS
 CITY-ST-ZIP
 D VENTIMIGLIA, LEONARD
 1920 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306 ☐ Delete

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

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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/00 (954) 396-3700
 Date Daytime Phone #

CR2E034 (5/00)

attachment 10 oc# V57317
A0074701



August 29, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: FEIN #65-0379460

Dear Sir or Madam:

I have enclosed the completed 2000 Uniform Business Report with the payment of \$150.00. I have confirmed that the amount of \$550.00 is the fee for a late filing. I have to assume this is an error since I had never received any other 2000 UBR form to submit. Please accept my apologies for any inconvenience this may have caused.

Thank you in advance for your assistance in this matter. If there should be any questions please contact me at (954) 396-3700.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Leonard A. Ventimiglia'.

Leonard A. Ventimiglia

Cc: File