

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

0132744 AT

DOCUMENT # F94000003105

1. Entity Name
CREATIVE HAIRDRESSERS, INC.

LP

07-25-2001 90004 020 ***150.00

Principal Place of Business 2815 HARTLAND ROAD FALLS CHURCH VA 22043	Mailing Address 2815 HARTLAND ROAD FALLS CHURCH VA 22043
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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	Country	Zip	Country

4. FEI Number 54-0976060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP CP RATNER, DENNIS F 1244 COLONIAL RD. MCLEAN VA 22101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CS RATNER, ANN 4616 FOXHALL CRESCENTS, NW WASHINGTON DC 20007 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVAS RATNER, WARREN 6825 MCLEAN PROVINCE CIRCLE FALLS CHURCH VA 22043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TVAS SIEGEL, RONALD G 10801 TIMBERMILL COURT OAKTON VA 22124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 7-12-01 703 698-7090

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

CR2E034 (5/01)



July 12, 2001

**CREATIVE
HAIRDRESSERS, INC.**

2815 Hartland Rd.
Falls Church, Va. 22043

Attachments

*# F94100000 3105
773582*

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

Dear Division of Corporation:

This letter is to notify your office that we did not receive our business report, which was due before May 1st. We were unaware that we missed the filing due date.

Please accept our payment of \$150.00. We regret any inconvenience this may have caused.

Sincerely,

Roxanne Meadows

Roxanne Meadows
Staff Accountant

MC

MC