

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 94 00000 3105
 1. Entity Name
Creative Hairdressers Inc.

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80050111

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		540976060		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
Falls Church, Va		Falls Church, Va		<input type="checkbox"/> <input type="checkbox"/>			
Zip	Country	Zip	Country				
22043	USA	22043	USA				

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7. Name and Address of Current 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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	<u>CEO</u>	TITLE	
NAME	<u>Dennis F Ratner</u>	NAME	
STREET ADDRESS	<u>2815 Hartland Rd.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Falls Church, Va. 22043</u>	CITY-ST-ZIP	
TITLE	<u>CS</u>	TITLE	
NAME	<u>Ann Ratner</u>	NAME	
STREET ADDRESS	<u>4616 Fox Mall Crescents, NW</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Washington, DC. 20007</u>	CITY-ST-ZIP	
TITLE	<u>DVAS</u>	TITLE	
NAME	<u>Warren A. Ratner</u>	NAME	
STREET ADDRESS	<u>6825 McLean Province Circle</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Falls Church, Va. 22043</u>	CITY-ST-ZIP	
TITLE	<u>DVAS</u>	TITLE	
NAME	<u>Ronald G. Seigel</u>	NAME	
STREET ADDRESS	<u>10801 Timberhill Ct.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Oakton, Va. 22124</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034B (12/01)