

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90117 043 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P0000065424

1. Entity Name  
 COOPER'S HAIR CARE CENTER INC.

Principal Place of Business  
 3615 W COLUMBIA ST  
 SUITE A  
 ORLANDO, FL 32805

Mailing Address  
 3615 W COLUMBIA ST  
 SUITE A  
 ORLANDO, FL 32805

2. Principal Place of Business  
 1801 E COLONIAL DR  
 Suite, Apt. #, etc.  
 SUITE #107

3. Mailing Address  
 1801 E COLONIAL DR  
 Suite, Apt. #, etc.  
 SUITE #107

DO NOT WRITE IN THIS SPACE

4. FEI Number  
 Applied For

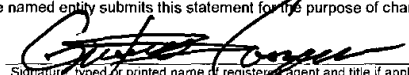
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COOPER, ANTONIO  
 3615 W COLUMBIA ST  
 SUITE A  
 ORLANDO, FL 32805

7. Name and Address of New Registered Agent  
 Name  
 COOPER, ANTONIO  
 Street Address (P.O. Box Number is Not Acceptable)  
 1801 E COLONIAL DR  
 SUITE #107  
 City  
 ORLANDO, FL Zip Code  
 32803

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  ANTONIO COOPER 8/21/2001  
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. **FILE NOW!!! FEE IS \$160.00**  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing  \$5.00  
 Trust Fund Contribution. 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	PD COOPER, ANTONIO 3615 W COLUMBIA ST SUITE A ORLANDO, FL 32805	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 in an attachment with an address, with all other like empowered.

SIGNATURE:  PRESIDENT 8/21/2001  
Signature and typed name of signing officer or director Date

Robinson Accounting of America

08/21/01

attachment  
PH# P00000065424  
600 63 258

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that COOPER'S HAIR CARE CENTER, INC., has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Maurice Robinson  
Robinson Accounting of America Inc.