

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006104

1. Entity Name

HAIR HIGHTECH, INC.

Principal Place of Business

8410 W FLAGLER ST
SUITE 109
MIAMI FL 33144

Mailing Address

8410 W FLAGLER ST
SUITE 109
MIAMI FL 33144-2041

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

65-0384036

Applied For

Not Applicable

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

MUNOZ, JOSEFINA
1210 S.W. 10TH TERRACE
MIAMI FL 33184

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	MUNOZ, JOSEFA	
STREET ADDRESS	1210 S.W. 10TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VP	☐ Delete
NAME	FERNANDEZ, MERCEDES	
STREET ADDRESS	1210 S.W. 10TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	DT	☐ Delete
NAME	MUNOZ, JOSEFA	
STREET ADDRESS	1210 S.W. 10TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	ST	☐ Delete
NAME	FERNANDEZ, MERCEDES	
STREET ADDRESS	1210 S.W. 10TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☐ Change ☐ Addition
NAME	Fernandez Mercedes	
STREET ADDRESS	9686 Fountainebleau Blvd #402	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	☐ Change ☐ Addition
NAME	Fernandez Mercedes	
STREET ADDRESS	9686 Fountainebleau Blvd #402	
CITY-ST-ZIP	Miami, FL 33172	
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

2/23/00

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90039 036 ***150.00



DO NOT WRITE IN THIS SPACE