

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90969 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80074276

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		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 FOECH, NAVIR N 8410 FLAGLER STREET STE 109 MIAMI, FL 33144		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when appointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
P MUNOZ, JOSEFA			
1210 S.W. 10TH TERRACE			
MIAMI, FL 33184			
VP FERNANDEZ, MERCEDES			
9686 FOUNTAINBLEAU BLVD #402			
MIAMI, FL 33172			
DT MUNOZ, JOSEFA			
1210 S.W. 10TH TERRACE			
MIAMI, FL 33184			
ST FERNANDEZ, MERCEDES			
9686 FOUNTAINBLEAU BLVD #402			
MIAMI, FL 33172			
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Mercedes Fernandez</i>		4/2/03 (305) 220-2772	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CPRE034 (10/02)