

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90153 001 *1,100.00

DOCUMENT # P98000037756

1. Entity Name
HAIR CLUB FOR MEN, LTD., INC.

Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY #401 BOCA RATON FL 33432	Mailing Address 1515 SOUTH FEDERAL HIGHWAY #401 BOCA RATON FL 33432-7451
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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 **13-2867772** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$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	VPGC	<input type="checkbox"/> Delete
NAME	SIGMON, JAN	
STREET ADDRESS	LEXINGTON AVE., STE. 1211	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	Sperling, Seymour, President	<input type="checkbox"/> Delete
NAME	1515 S. Federal Hwy Ste 401	
STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP		
TITLE	Sperling, Amy, Secretary	<input type="checkbox"/> Delete
NAME	1515 S. Federal Hwy Ste 401	
STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete
NAME	Tapply, Susan	
STREET ADDRESS	1515 S. Federal Hwy 401	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	C.F.O.	<input type="checkbox"/> Delete
NAME	Hall, Nicholas	
STREET ADDRESS	1515 S. Federal Hwy 401	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	V.P.O.	<input type="checkbox"/> Delete
NAME	Ryerson, Greg.	
STREET ADDRESS	1515 S. Federal Hwy 401	
CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	V.P. R+O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank DeCarlo Jr	
STREET ADDRESS	1515 S Federal Hwy 401	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: NICHOLAS G HALL DATE: 5/18/00 DAYTIME PHONE #: 561 361 7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)