

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90119 047 \*\*\*150.00

**DOCUMENT # 489595**

1. Entity Name  
**HAIR DIMENSIONS, INC.**

Principal Place of Business  
**3270 NORTH FEDERAL HWY**  
**BOCA RATON FL 33431**

Mailing Address  
**3270 NORTH FEDERAL HWY**  
**BOCA RATON FL 33431**

00096402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Same as above* 3. Mailing Address *Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1633662**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**PALERMO, NUNZIO A.**  
**1151 SW 15TH ST.**  
**BOCA RATON FL 33486**

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, 2002 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 NAME	STREET ADDRESS CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	CHANGE	ADDITION
PD	PALERMO, NUNZIO A. 1151 SW 15TH STREET BOCA RATON FL	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
TS	VINCENZA, PALERMO 1151 SW 15TH STREET BOCA RATON FL	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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 individuals empowered.

SIGNATURE: *Nunzio A. Palermo Pres* 23 Apr. 02 / 561 / 3917337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

US9693 / AV

CR2E034 (9/01)