

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90363 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **583925** ✓

1. Entity Name

HAIR DESIGN BY STEVE, INC.

33417**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business
 2667 E COMMERCIAL BLVD

3. Mailing Address

2667 E COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 FT. LAUDERDALE, FL

City & State
 FT. LAUDERDALE, FL

4. FEI Number
 59-1834580

Applied For
 Not Applicable

Zip
 33308

Country
 BROWARD

Zip
 33308

Country
 BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 STEVE HAKIMI

Street Address (P.O. Box Number is Not Acceptable)
 2667 EAST COMMERCIAL BLVD.

City
 FT. LAUDERDALE FL Zip Code
 33308

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) ☐

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 PRESIDENT
 STEVE HAKIMI
 3320 NE 15TH COURT
 FT. LAUDERDALE, FL 33304

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

SIGNATURE:

Steve Hakimi STEVE HAKIMI PRES

04-25-02 954-772-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)