Sep 13, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** 584561 09-13-2001 90007 013 ***150.00 HAIR DYNAMICS, INC. Principal Place of Business Mailing-Address 2809 SW 27 TH AVE 2809 SW 27 TH AVE COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 978488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE City & State City & Stare 59-1885129 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLAGHER. VIVIAN Street Address (P.O. Box Number is Not Acceptable) 230 SUNRISE , SUITE G Zip Code KEY BISCAYNE, FL 33149 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 reinstaling) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE PD TIFLE ☐ Change Addition (5/01)☐ Delete NAME VAN ORSDEL, CAROL NAME 11240 N KENDALL DR MIAMI, FL 33176 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE LOWMAN, SYLVIA 3500 PAN AMERICAN DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SALGADO, JOSE L. 680 CURTISWOOD DR. KEY BISCAYNE, FL 33149 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete DITE NAME TREET ADDRESS STREET ADDRESS JITY-ST-ZIP CDY-ST-ZIP Delete TITLE Change Addition HTLE NAME NAME STREET ADDRESS STREET ADDRESS MY-ST-ZIP CHY-ST-ZIP 3. Thereby 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 experimend 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 add

CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3IGNATURE:

FILED

Attackment 9784888 Don't 584561

Hair Dynamics, Inc. 2809 SW 27th Avenue Coconut Grove, FL 33133 Tel: 305-446-0691

August 23, 2001

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Certified return receipt # 7000 0520 0015 2431 1465

Ladies and Gentlemen:

Please find enclosed the 2001 Uniform Business Report. When my accountant was entering the checks for the second quarter 2 weeks ago, she called me to ask me how I had paid for the 2001 UBR as she had not seen it on the books. I told her that I did not receive the form this year. Accordingly, per her advise, I immediately requested a blank form which am enclosing with this letter together with the \$150 payment.

Given the fact that I did not receive your form this year, I am respectfully requesting that the penalties be abated. Please note that I have always been on time in the past.

Thank you in advance for your most valuable cooperation.

Nose Salgado

 $\widetilde{\text{CEO}}$