


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91908 031 \*\*\*150.00

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

80112670

<b>DOCUMENT # F0100005590</b>				
1. Entity Name <b>FIRST CHOICE HAIRCUTTERS (INTERNATIONAL) CORP.</b>				
Principal Place of Business 7201 METRO BOULEVARD MINNEAPOLIS, MN 55439		Mailing Address 7201 METRO BOULEVARD MINNEAPOLIS, MN 55439		
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 <b>98-0171935</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 626 E. PARK AVENUE TALLAHASSEE, FL 32301</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when appointing)</small>				
<b>FILE NOW!!! FEE IS \$160.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>				
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARTARIK, MARK</b>		NAME	
STREET ADDRESS	<b>7201 METRO BOULEVARD</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55439</b>		CITY-ST-ZIP	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLATE, PAUL</b>		NAME	
STREET ADDRESS	<b>7201 METRO BOULEVARD</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55439</b>		CITY-ST-ZIP	
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSS, BERT</b>		NAME	
STREET ADDRESS	<b>7201 METRO BOULEVARD</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55439</b>		CITY-ST-ZIP	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUNIN, MYRON</b>		NAME	
STREET ADDRESS	<b>7201 METRO BOULEVARD</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55439</b>		CITY-ST-ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINKELSTEIN, PAUL</b>		NAME	
STREET ADDRESS	<b>7201 METRO BOULEVARD</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS, MN 55439</b>		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>T Shrinivas Kolatkar</b>
STREET ADDRESS			STREET ADDRESS	<b>7201 Metro Boulevard</b>
CITY-ST-ZIP			CITY-ST-ZIP	<b>Minneapolis MN 55439</b>
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: _____ <b>Shrinivas Kolatkar</b> 4-23-03 952-947-1777				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (10/02)