

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

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90059 015 \*\*\*150.00

DOCUMENT # F62897

1. Entity Name

Hair is Avant Garde, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1030 US Hwy 1

Suite, Apt. #, etc.

206

City & State

N. Palm Bch

Zip

33408

Country

USA

3. Mailing Address

1030 U.S. Hwy 1

Suite, Apt. #, etc.

206

City & State

N. Palm Bch

Zip

33408

Country

USA

90139585

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2145129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Pamela Heard

Street Address (P.O. Box Number is Not Acceptable)

1030 US Hwy 1

Ste. 206

City

N. Palm Bch

FL

Zip Code

33408

**DO NOT WRITE  
IN THIS SPACE**

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: Pamela Heard

Signature, typed or printed name of registered agent and title if applicable.

Pamela Heard

(NOTE: Registered Agent signature required when reinstating)

6-10-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Pamela Heard  
1030 US Hwy 1  
N. Palm Bch, FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: Pamela Heard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-03

Date

Daytime Phone #

4770

CR2E034B (12/02)

Attachment



90139585

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 16, 2003

HAIR IS AVANT GARDE, INC.  
1030 US HWY 1  
APT. 206  
N. PALM BEACH, FL 33408-3817 US

SUBJECT: HAIR IS AVANT GARDE, INC.  
Ref. Number: F62897

We have received your check(s); however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/vrm

ANNUAL REPORTS SECTION

Letter number: 803A00030383

Director's Office