## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 01, 2001 8:00 am Secretary of State DOCUMENT # F93000003120 HAIRSTYLISTS MANAGEMENT SYSTEMS, INC. 05-01-2001 90058 001 \*\*\*150.00 Principal Place of Business Mailing Address 12700 INDUSTRIAL PARK BLVD 12700 INDUSTRIAL PARK BLVD PLYMOUTH MN 55441 PLYMOUTH MN 55441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 41-1748342 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change COHEN, ELLIOT NAME NAME STREET ADDRESS 12700 INDUSTRIAL PARK BLVD STREET ADDRESS CITY - ST - ZIP QITY-ST-ZIP PLYMOUTH MN TITLE ☐ Delete SITIE ☐ Chance Addition SHERMAN, MORRIS M NAME NAME STREET ADDRESS STREET ADDRESS 150 SO. 5TH ST., STE. 2300 CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55402 TITLE ☐ Delete TITLE Change Addition KUNIN, MICHAEL NAM:E NAME STREET ADDRESS STREET ADDRESS 12700 INDUSTRIAL PARK BLVD CITY-ST-ZIP CITY-ST-ZIP PLYMOUTH MN TITLE ☐ Delete HITE ☐ Change Addition NAME BROOKS, MICHAEL NAME STREET ADDRESS 12700 INDUSTRIAL PARK BLVD STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP PLYMOUTH MN CD TITLE Delete TITLE Change □ Addition KUNIN, DANIEL MAME NAME STREE" ADDRESS STREET ADDRESS 12700 INDUSTRIAL PARK BLVD. C:TY - ST - ZIE CITY-ST-71P PLYMOUTH MN Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZiP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR