

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90391 004 ***150.00

DOCUMENT # F93000004066

1. Entity Name

SUPERCUTS CORPORATE SHOPS, INC.

Principal Place of Business

Mailing Address

**7201 METRO BLVD
 MINNEAPOLIS MN 55439
 US**

**7201 METRO BLVD
 MINNEAPOLIS MN 55439
 US**

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 **68-0203536**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
 526 E PARK AVE
 TALLAHASSEE FL 32301**

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	MYRON, KEVIN	
STREET ADDRESS	7201 MENO BLVD	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KARTARIK, MARK	
STREET ADDRESS	7201 METRO BLVDS	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROSS, BERT	
STREET ADDRESS	7201 METRO BLVD	
CITY-ST-ZIP	MINN MN 55439	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLATE, PAUL	
STREET ADDRESS	7201 METRO BLVD	
CITY-ST-ZIP	MINN MN 55439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myron Kunin	
STREET ADDRESS	7201 Metro Blvd.	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7201 Metro Blvd.	
CITY-ST-ZIP		
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Minneapolis, MN 55439	
CITY-ST-ZIP		
TITLE	Vrecki Langan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Minneapolis, MN 55439	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

BERT BROSS

4-20-01

Date

952-947-7777

Daytime Phone #

CR2E034 (10/00)