

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

05-05-2003 91908 038 ***150.00

80112663

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

DOCUMENT # F93000004066

1. Entity Name
SUPERCUTS CORPORATE SHOPS, INC.



Principal Place of Business
7201 METRO BLVD
MINNEAPOLIS, MN 55439 US

Mailing Address
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



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's Signature required when electing.) DATE _____

FILE NOW!!! FEE IS \$160.00
After May 11, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **KUNIN, MYRON**
CITY-ST-ZIP **7201 METRO BLVD. MINNEAPOLIS, MN 55439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KARTARIK, MARK**
CITY-ST-ZIP **7201 METRO BLVD. MINNEAPOLIS, MN 55439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VDS**
STREET ADDRESS **GROSS, BERT M**
CITY-ST-ZIP **7201 METRO BLVD MINNEAPOLIS, MN 55439**

TITLE ☒ Change ☐ Addition
NAME **VS**
STREET ADDRESS **Bert M. Gross**
CITY-ST-ZIP **7201 Metro Blvd. Minneapolis, MN 55439**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LANGAN, VICKI**
CITY-ST-ZIP **7201 METRO BLVD MINNEAPOLIS, MN 55439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *V. Langan* **4-28-03** **952-947-7777**
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Telephone Number

CR2E034 (10/02)