5/15

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-15-2001 90069 031 ***150.00

DOCUMENT # F98000006572

1. Entity Name
FIRST CHOICE HAIRCUTTERS (U.S.), INC.

LA

Principal Place of Business	Mailing Address
6465 MILLCREEK DR. SUITE 210 MISSISSAUGA. ONTARIO L5N 5R6 OC	6465 MILLCREEK DR. SUITE 210 MISSISSAUGA. ONTARIO L5N 5R6 OC

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7201 Metro Boulevard Suite, Apt. #, etc.	7201 Metro Boulevard Suite, Apt. #, etc.
City & State: Minneapolis, MN	City & State: Minneapolis, MN
Zip: 55439 Country: USA	Zip: 55439 Country: USA

4. FEI Number 98-0128807 ☐ 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
BEYER, DAVID A % RUDNICK & WOLFE 101 E. KENNEDY BLVD, SUITE 2000 TAMPA FL 33602	Name: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue City: Tallahassee, FL Zip Code: 32301

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: Sue Brodtmann Sue Brodtmann, Asst. Secretary 6-6-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP COWAN, ALLEN B 24 RAYMAR PLACE OAKVILLE, ONTARIO	☒ Delete	PD Paul Frnkelstein 7201 Metro Boulevard Minneapolis, MN 55439	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VSD Bert Gross 7201 Metro Boulevard Minneapolis, MN 55439	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T Shrinivas Kelatkar 7201 Metro Boulevard Minneapolis, MN 55439	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (10/00)

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] 4-30-01 952-947-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #