

5/15

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-15-2001 90069 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

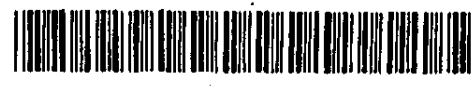
DOCUMENT # F98000006846

1. Entity Name
FIRST CHOICE HAIRCUTTERS LTD. (CORP.)

TA

Principal Place of Business
**6465 MILLCREEK DRIVE, SUITE 210
MISSISSAUGA, ONTARIO
CANADA L5N 5R6**

Mailing Address
**6465 MILLCREEK DRIVE, SUITE 210
MISSISSAUGA, ONTARIO
CANADA L5N 5R6**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7201 Metro Boulevard

3. Mailing Address
7201 Metro Boulevard

City & State
Minneapolis, MN

City & State
Minneapolis, MN

4. FEI Number **31-1082568**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEYER, DAVID A
% RUDNICK & WOLFE
101 EAST KENNEDY BOULEVARD, SUITE 2000
TAMPA FL-33602**

7. Name and Address of New Registered Agent

Name **NRAT 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 Brodtman* **Sue Brodtmann, Asst. Secretary**

DATE **6-6-01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWAN, DORIS 24 RAYMAR PLACE OAKVILLE ONTARIO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COWAN, ALLEN B 24 RAYMAR PLACE OAKVILLE ONTARIO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paul Frinkelstein 7201 Metro Boulevard Minneapolis, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Beet Gross 7201 Metro Boulevard Minneapolis, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shrinivas Kulatkar 7201 Metro Boulevard Minneapolis, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-01** Daytime Phone # **952-947-7777**