2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K24926 DOCUMENT

1. Entity Name

A HAIR PERFORMANCE CUTTERS CORP.



FILED Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90123 003 ***150.00

FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334												
2. Principal Place of Business 3. Mailling Address Suite, Apt. #, etc. GHECK HERH IF MAKING CHANGES Suite, Apt. #, etc. Guinty Applied For Port & State City & State A. FEI Number 65-0053419 Applied For To Country Zep Country 5. Certificate of Status Desired 8.75 Additional Fee Required Fee Requir	Principal Place of Business 989 E COMMERCIAL BL FT LAUDERDALE FL 33334 US		989 E FT LA	989 E COMMERCIAL FT LAUDERDALE FL 33334 US			_					
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City & State Country Zip Country S. Certificate of Status Desired Set Repaired Set	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent ROFES, SONIA 899 E COMMERCIA; BL FT LAUDERDALE FL 33334. City City FL City City FL City	City & State		City & State			4. F	El Number 65-0053419					
ROFES, SONJA 889 E COMMERCIA; BL FT LANDEWDAKE FL 33334. 6. 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 holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent, or both, in the State of Florida. I am familiar with and accept the holippidates of registered agent. SIGNATURE OFFICERS AND DIRECTORS OITY-ST-2P ITLE OFFICERS AND DIRECTORS OITY-ST-2P ITLE OFFICERS AND DIRECTORS OITY-ST-2P IT	Zip Country		Zip	Zip Coun		try				Éee Require	ee Required	
ROFES, SONJA 889 E COMMERCIA; BL FT LAUDERDALE FL 33334. City FL Zip Code State Address (PO Box Number is Not Acceptable) City FL Zip Code City FL Zip		6. Name and Address of Currer	nt Registere	d Agent			7. 1	lame and Address of New Re	gistered /	Agent		
SIGNATURE TILE NOW!!! FE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TILE NAME STRET AUDRESS OTTY-ST-ZP TILE NAME STRET AUDRES						Name		1				
City				Street Address			(P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE	ft laudei	RDALE FL 33334				City		<u> </u>		Zip Coo	le	
SIGNATURE Signature Superior	i	·				' '				•		
SIGNATURE Signature in projective agent and tile if applicable. (NOTE: Registance Agent signature required whom mentatering) DATE	the obligat	ions of registered agent.			s register	ed office or registe	ered ag	ent, or both, in the State of Flor	rida. I am f	amiliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.			ent and title if app	plicable. (NO	TE: Registere	d Agent signature require	ed when re	einstating)	DATE			
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12. Thereby certify that the information applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP											
	12. I hereby	certify that the information applied v	with this filing	g does not qualify	for the ex	emption stated in	Section	119.07(3)(i), Florida Statutes.	I further ce	ertify that the	information er or director	

of the corporation or the receiver of fustee empowers changed, or on an attachment with an address, with

SIGNATURE: