4/16/2002-90092-0

**FILED**
**Jul 01, 2002 8:00 am**
**Secretary of State**
04-16-2002 90092 009 ****50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009673

1. Entity Name
HIMMEL HAIR CARE PRODUCTS, LLC

95843

| Principal Place of Business | Mailing Address |
|---|---|
| 1926 10TH AVENUE NORTH, SUITE 303<br>LAKE WORTH FL 33461 | 1926 10TH AVENUE NORTH, SUITE 303<br>LAKE WORTH FL 33461 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 65-1122217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CARDILLO, DEBRA<br>1926 10TH AVENUE NORTH, SUITE 303<br>LAKE WORTH FL 33461 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS / MANAGERS | | 10. MANAGING MEMBER CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DCST<br>HIMMEL, JEPPREY<br>125 E. 72STREET APT 7A<br>NEW YORK NY ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING MEMBER ☐ Change ☐ Addition 6/13/02 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [illegible] ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D [illegible] ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition 6/13/02 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [illegible] ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition 6/13/02 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E063 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** SIGNATURE REQUIRED 4/16/02 (561) 585-0070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #