FILED

2003 OCT -3 AM 9:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016819

1. Entity Name
HAIRCOLORXPRESS DEVELOPMENT OF NORTHEAST FLORIDA, LLC

Principal Place of Business	Mailing Address
1701 WEST HILLSBORO BLVD., STE. 301 DEERFIELD BEACH, FL 33442	1701 WEST HILLSBORO BLVD., STE. 301 DEERFIELD BEACH, FL 33442

100023800521
10/15/03--01010--001 **50.00

2. Principal Place of Business	3. Mailing Address
2650 N. Military Trail	2650 N. Military Trail
Suite, Apt. #, etc. #150	Suite, Apt. #, etc. #150
City & State Boca Raton, FL	City & State Boca, Raton, FL
Zip 33431 Country USA	Zip 33431 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number Pending — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, PETER B ESQ.
WEINTRAUB & WEINTRAUB, P.A.
1701 WEST HILLSBORO BLVD., STE. 301
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2650 N. Military Trail #150

City Boca Raton FL Zip Code 33431

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 [signature] 9/9/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	COHEN, NATALIE	NAME	
STREET ADDRESS	7700 CONGRESS AVE,. SUITE 1114	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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] 9/9/03 561-495-2834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

DATE Phone