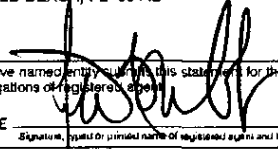
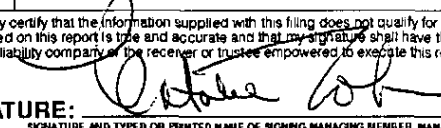


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2003 OCT -3 AM 9:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016819			
1. Entity Name HAIRCOLORXPRESS DEVELOPMENT OF NORTHEAST FLORIDA, LLC			
Principal Place of Business 1701 WEST HILLSBORO BLVD., STE. 301 DEERFIELD BEACH, FL 33442		Mailing Address 1701 WEST HILLSBORO BLVD., STE. 301 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 2650 N. Military Trail Suite, Apt. #, etc. #150		3. Mailing Address 2650 N. Military Trail Suite, Apt. #, etc. #150	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431		Zip 33431	
Country USA		Country USA	
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 certifies 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 		DATE 9/9/03	
NOTE: Registered Agent's fees required when registering.			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, NATALIE 7700 CONGRESS AVE., SUITE 1114 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		DATE: 9/9/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	
		Phone 561-495-2834	

CR2E083 (10/02)