


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP -3 PM 2:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

02-03 UBR
DO NOT WRITE IN THIS SPACE

DOCUMENT # L99830	
1. Entity Name J. ALTMAN'S HAIR & BEAUTY CENTER INC	

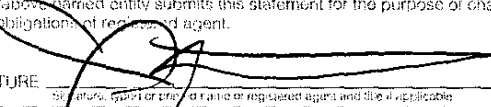
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5580 SAMPLE ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MARGATE, FL 33073		City & State	
Zip	Country	Zip	Country

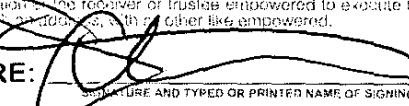
4. FEI Number 65-0221218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name JEROME ALTMAN	
Street Address (P.O. Box Number is Not Acceptable) 4049 WOLVERTON C	
City BOCA RATON	State FL
Zip Code 33434	

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 	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT JEROME ALTMAN 4049 WOLVERTON C BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	700022932267 09/10/03--01066--006 **300.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRESIDENT SHARON ALTMAN 4049 WOLVERTON C BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. 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 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, or that I am otherwise empowered.	
SIGNATURE: 	JEROME ALTMAN Date: 8/27/03

CR2E0346 (12/02)

Handwritten initials: H 9/2

Altman

HL 99830

J. Altman's Hair & Beauty Center
5580 Sample Road
Margate, Florida 33073-3423

August 27, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

On Friday, August 22, 2003, I contacted your offices regarding the fact that I had been notified that my corporation had not been filed for the year 2002 and 2003. I explained to the gentleman that I spoke to at that time that I had had a major heart attack on December 27, 2001, was hospitalized and had a double bi-pass on January 7, 2002.

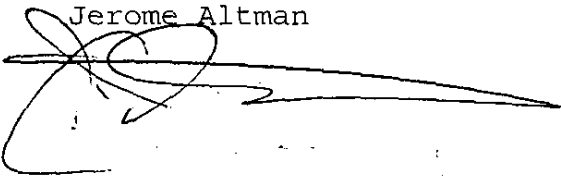
I was not working and the individual who was handling the paperwork for the business never gave me any forms to be signed or checks to be issued regarding this matter. I have always filed the corporation returns when received and would have done so this time, had I received them.

Per my conversation with the gentleman on Friday, I am therefore enclosing my check in the amount of \$300.00 to pay for the years 2002 and 2003.

Thanking you in advance for your consideration and assistance in this matter, I remain,

Sincerely yours,

Jerome Altman

A handwritten signature in black ink, appearing to be 'Jerome Altman', with a long horizontal stroke extending to the right.