

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90002 030 \*\*\*\*50.00

**DOCUMENT # M01000002853**1. Entity Name  
**HCFM, LLC**Principal Place of Business  
**1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON FL 33432**Mailing Address  
**1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **22-3839397**

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****ZELDIS, LUBA  
% HAIR CLUB FOR MEN, LTD., INC.  
1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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 Department of State**  
**Due By September 25, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HAIR CLUB FOR MEN LTD., INC.  
1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON FL 33432** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
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 608, Florida Statutes.****SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7/3/02 561-361-7600**

CR2E083 (4/02)