

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0028550

DOCUMENT # M01000002853

1. Entity Name
HCFM, LLC



FILED

03 JAN 28 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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 & State

City & 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 Florida Department of State
Due By May 1, 2003

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

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/1/03

Date

561-361-2600

Daytime Phone #

CR2E083 (10/02)