

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M37711

1. Entity Name

THE FOUR HAIR DESIGNERS, INC.

Principal Place of Business

Mailing Address

9345 S.W. 40TH ST.
MIAMI FL 33165

9345 S.W. 40TH ST.
MIAMI FL 33165-4159

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

59-2717919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDANA, AIDA
9345 SW 40 ST.
MIAMI FL 33165

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME FERBEYRE, ANTONIO E.

STREET ADDRESS 9345 SW 40 ST.

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME DS

STREET ADDRESS 9345 SW 40 ST.

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME DT

STREET ADDRESS 9345 SW 40 ST.

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME D

STREET ADDRESS 9345 SW 30 ST.

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME D

STREET ADDRESS 9345 S.W. 40TH ST.

CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(president) 4-6-2000 (305) 221-4430

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90071 024 ***150.00

A0037527



DO NOT WRITE IN THIS SPACE