

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M59017

1. Entity Name
SUPER 7 CUTS, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90079 025 ***158.75

Principal Place of Business

23204 SW 177TH AVE.
HOMESTEAD FL 33031
US

Mailing Address

P.O. BOX 0546
HOMESTEAD FL 33090-0546
US

2. Principal Place of Business

3. Mailing Address

23204 SW 177 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOMESTEAD, FL

Zip

Country

Zip

Country

33031

DADE

4. FEI Number 65-0013999

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRY, DONALD H.
18511 SW 268TH ST.
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent

Name

ARTHUR S. AYALA

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

23204 SW 177 AVE

City

HOMESTEAD

FL

Zip Code

33031

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

4/10/01

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, 2001 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

TITLE PD
NAME FERRY, DONALD H.
STREET ADDRESS 18511 SW 268TH ST.
CITY-ST-ZIP HOMESTEAD FL ☒ Delete

TITLE VPST
NAME VERMILLION, MERCEDES D.
STREET ADDRESS 216 PIMLICO LANE
CITY-ST-ZIP KEY LARGO FL ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P V S T D
NAME AYALA, ARTHUR S.
STREET ADDRESS 501 WEST 65 TERRACE
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

305) 247-3300

Daytime Phone #

CR2E034 (10/00)