2001 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 90225 005 ***150.00
M68161
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 12 AM 11:40

DOCUMENT # M 68161

1. Entity Name
HAIR Concepts by Michel Inc

Principal Place of Business	Mailing Address
5225 Colins AVE Suite 145 Miami Beach Fla 33140	13890 Cipress Courts Miami Lake Fla 33014

2. Principal Place of Business	3. Mailing Address
	13890 Cipress Courts
Suite, Apt. #, etc	Suite, Apt. #, etc Miami Lake Fla
City & State	City & State 33104
Zip / Country	Zip / Country U.S.A

659596
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0035190 ☐ 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
Hernandez Hernando, 13890 Cipress Court Miami Lake Fla 33104	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 x Fernando Hernandez 04/28/01
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE President NAME Perez Miguel F STREET ADDRESS 13890 Cipres Court CITY-ST-ZIP Miami Lake Fla 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Secretary. NAME Hernandez Hernando STREET ADDRESS 13890 Cipress Court CITY-ST-ZIP Miami Lake Fla 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (11/00)

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: Miguel F Perez 04/28/01 (305) 865-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/5