2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # M82392 Jul 12, 2000 8:00 am 1. Entity Name **Secrétary of State** HEADLINES HAIR DESIGNERS, INC. 07-12-2000 90015 047 ***150.00 Principal Place of Business Mailing Address 12235 SHERIDAN ST. 12235 SHERIDAN ST. COOPER CITY FL 33026 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0062917 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7... Name and Address of New Registered Agent Name SWEIGART, ADRIANA T Street Address (P.O. Box Number is Not Acceptable) 2626 S W 137 TERRACE DAVIE FL 33330 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete SWEIGART, ADRIANA T. NAME NAME STREET ADDRESS STREET ADDRESS **2626 SW 137TH TERRACE** CITY-ST-ZIP CITY-ST-7(P DAVIE FL Change ☐ Addition TITLE ☐ Delete TITLE SWEIGART, TERRY J NAME NAME STREET ADDRESS 2626 SW 137 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change Addition-TITLE - 🗁 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Change ☐ Addition TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Attachment D# M82392 DOUGANUS

July 6, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Corporation #65-0062917

To Whom It May Concern,

I just received a notice to renew my corporation. Upon reviewing the bill I noticed it seemed very expensive and then that it was a 2nd notice. After investigating all previous paid bills for March through June, and calling my accountant to see if he received a previous bill by mistake, we realized that we apparently never received a 1st notice. Unusual, but true. I then called the State's reinstatement department and was told to send a letter of explanation along with a check in the amount of \$150.00.

Please let me know if there is any thing else I need to do at this time.

Thank you!

Sincerely

Terry J. Sweigart Secretary/Co-Owner