2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035662

FILED
Aug 08, 2001 8:00 am
Secretary of State
08-08-2001 90007 030 ***150.00

1. Entity Name

HAIR TRENDS INC.

Principal Place of Business | Mailing Address

8872 SW 8 st MIAMI, FL 25125 | 8572 SW 8 st MIAMI, FL 25125

H00061671

2. Principal Place of Business	3. Mailing Address	
10680 SW 24 st	820 NW 39 ct	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: MIAMI, FL	City & State: MIAMI, FL	4. FEI Number: 65 1124784 — Applied For / Not Applicable
Zip: 33165 — Country: DADE	Zip: 33126 — Country: DADE	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
	Name
	Street Address (P.O. Box Number is Not Acceptable)
Alfredo Felipe 820 NW 39 ct Miami FL 33126	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, 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: OWNER NAME: ALFREDO FELIPE STREET ADDRESS: 820 NW 39 ct CITY-ST-ZIP: Miami, FL 33126	☐ 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

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

CR2E034 (11/00)

ATTACHMENT

To whom it may concern: P000000035662
B0006616 21

My name is Alfredo Felipe President of Hair Trends Inc.
641124784

I would like to ask the penalty of 400.00$ to be waived. The wrong mailing address was recorded into the files, and because of that I never recieved the (UBR) forms or any of the notices your recieptionist adviser me about

thank You

Alfredo