

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000035662*

1. Entity Name

HAIR TRENDS INC.

Principal Place of Business

Mailing Address

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90007 030 ***150.00

H0061671

8872 SW 8th MIAMI, FL 33125 *8572 SW 8th MIAMI, FL 33125*

2. Principal Place of Business
10680 SW 24th

3. Mailing Address
820 NW 39th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
651124784

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)

City

FL

Zip Code

ALFREDO FELIPE 820 NW 39th MIAMI, FL 33126

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER
ALFREDO FELIPE
820 NW 39th
MIAMI, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 reports 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

CRS034 (11/00)

ATTACHMENT

To whom it may concern: P00000035662

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 RECEIVED
the (UBR) forms or any of the notices your
receptionist advised me about

Thank You

Alfredo