

2001 UNIFORM BUSINESS REPORT (UBR)

0106218

DOCUMENT # P00000044071

1. Entity Name

HAIRGOODY'S, INC.

Principal Place of Business

3389 SHERIDAN STREET, #184
HOLLYWOOD FL 33021

Mailing Address

3389 SHERIDAN STREET, #184
HOLLYWOOD FL 33021

2. Principal Place of Business

5441 SHERIDAN ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33021

Country

USA

Country

4. FEI Number

65-1015465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSMITH, MICHAEL H
3892 MEADOW LANE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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

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 PSTD
NAME GOLDSMITH, MICHAEL H
STREET ADDRESS 3892 MEADOW LANE
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

TITLE VD
NAME BLOCH, CHARLES Z
STREET ADDRESS 509 N.W. 21ST STREET
CITY-ST-ZIP WILTON MANORS FL 33311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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 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: MICHAEL H. GOLDSMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-983-2693

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 25 AM 8:11



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)