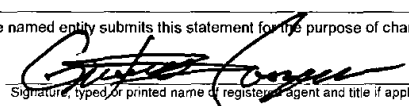
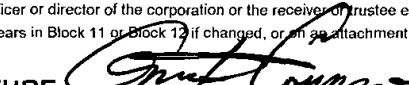


FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90117 043 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065424			
1. Entity Name COOPER'S HAIR CARE CENTER INC.			
Principal Place of Business 3615 W COLUMBIA ST SUITE A ORLANDO, FL 32805		Mailing Address 3615 W COLUMBIA ST SUITE A ORLANDO, FL 32805	
2. Principal Place of Business 1801 E COLONIAL DR Suite, Apt. #, etc. SUITE #107 City & State ORLANDO, FL Zip 32803 Country USA		3. Mailing Address 1801 E COLONIAL DR Suite, Apt. #, etc. SUITE #107 City & State ORLANDO, FL Zip 32803 Country USA	
DO NOT WRITE IN THIS SPACE			
4. FEI Number Applied For		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, ANTONIO 3615 W COLUMBIA ST SUITE A ORLANDO, FL 32805			
7. Name and Address of New Registered Agent Name COOPER, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 1801 E COLONIAL DR SUITE #107 City ORLANDO, FL Zip Code 32803			
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  ANTONIO COOPER 8/21/2001 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)		10. Election Campaign Financing Trust Fund Contribution. May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE PD NAME COOPER, ANTONIO STREET ADDRESS 3615 W COLUMBIA ST SUITE A CITY - ST - ZIP ORLANDO, FL 32805		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD NAME COOPER, ANTONIO STREET ADDRESS 1801 E COLONIAL DR SUITE #107 CITY - ST - ZIP ORLANDO, FL 32803	
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 in an attachment with an address, with all other like empowered.			
SIGNATURE:  PRESIDENT		8/21/2001	

Robinson Accounting of America

08/21/01

attachment
P# PD0000065424
Box 63258

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that COOPER'S HAIR CARE CENTER, INC., has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Maurice Robinson
Robinson Accounting of America Inc.