

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 11, 2001 8:00 am
Secretary of State

04-11-2001 90122 022 ***150.00

DOCUMENT # P00000068560

1. Entity Name

HAIR TEKNEK, INC.

Principal Place of Business

**11778 WATTLE TREE ROAD, NORTH
 JACKSONVILLE FL 32248**

Mailing Address

**11778 WATTLE TREE ROAD, NORTH
 JACKSONVILLE FL 32248**

2. Principal Place of Business

11778 WATTLE TREE RD N

3. Mailing Address

11778 WATTLE TREE RD N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-368-7584

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32246

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

Name

7. Name and Address of New Registered Agent

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 **PRESIDENT** ☐ Delete
 NAME **AMRITA SUTHAR**
 STREET ADDRESS **11778 WATTLE TREE RD N**
 CITY-ST-ZIP **JACKSONVILLE, FL 32246 9751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)