

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90361 042 \*\*\*150.00

**DOCUMENT # P01000037295**

1. Entity Name  
**D.W. HAIR CREATIONS, INCORPORATED**

Principal Place of Business

**11700 SW 9 CT  
 PEMBROKE PINES FL 33025**

Mailing Address

**11700 SW 9 CT  
 PEMBROKE PINES FL 33025**

2. Principal Place of Business

**10814 Pines Blvd**

**Suite, Apt. #, etc.  
 Pembroke Pines FL**

**City & State**

**Zip 33026 Country USA**

3. Mailing Address

**11700 S.W. 9th Ct**

**Suite, Apt. #, etc.  
 Pembroke Pines**

**City & State  
 FLorida**

**Zip 33025 Country USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1096346**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, DEBORAH  
 11700 SW 9 CT  
 PEMBROKE PINES FL 33025**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, DEBORAH</b>	
STREET ADDRESS	<b>11700 SW 9 CT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
TITLE	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, DEBORAH</b>	
STREET ADDRESS	<b>11700 SW 9 CT</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Deborah Wood**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-02**

Date

**954-442-4448**

Daytime Phone #

CR2E034 (9/01)