

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90060 007 \*\*\*550.00

**DOCUMENT # P01000066366**

1. Entity Name

HAIRNET CORPORATION OF FLORIDA



Principal Place of Business

9390 NW 100TH ST.  
MEDLEY FL 33178

Mailing Address

9390 NW 100TH ST.  
MEDLEY FL 33178

2. Principal Place of Business

1403 SW 10<sup>TH</sup> AVE.

3. Mailing Address

1403 SW 10<sup>TH</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

26-0040778

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSE, ALVIN E

~~9390 NW 100TH ST.~~  
~~MEDLEY FL 33178~~

7750 DOUBLETON DR.  
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name

ALVIN E. ROSE

Street Address (P.O. Box Number is Not Acceptable)

7750 DOUBLETON DR.

City

DELRAY BEACH

FL

Zip Code

33446

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/03

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ALVIN E. ROSE E ☒ Delete  
STREET ADDRESS 7750 DOUBLETON DR.  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE PD  
NAME ALVIN E. ROSE ☒ Change ☐ Addition  
STREET ADDRESS 7750 DOUBLETON DR.  
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE TE  
NAME LILLIAN ROSE M ☒ Delete  
STREET ADDRESS 7750 DOUBLETON DR.  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE TD  
NAME LILLIAN M. ROSE ☒ Change ☐ Addition  
STREET ADDRESS 7750 DOUBLETON DR.  
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/1/03

954-946-1453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)