## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000085840

Mailing Address

5334 BURNING TREE DR

DOCUMENT #

Principal Place of Business

5334 BURNING TREE DR

INTERNATIONAL HAIR ARTIST INC.

1. Entity Name

## Oct 01, 2002 8:00 am Secretary of State

09-17-2002 90104 008 \*\*\*150.00

ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPRAGUE, MYKAEL Street Address (P.O. Box Number is Not Acceptable) 5334 BURNING TREE DR ORLANDO FL 32811 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if suplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President/ Treasurer NAME NAME STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Vice-President/ NAME DANIEL LAPOINTE NAME STREET ADDRESS STREET ADDRESS 5334 BURNING Tree CITY-ST-ZIP CITY-ST-7IP Orlando, F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of swatee 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 expertisks empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

Date

Daytime Phone #

Attachment

9/13/02

To how it may concern,

After talking wit one of your representative this morning regarding the filling fee, I have been informe that you have sent UBR in January, that we have never receive. So after here advice I send you this check to cover the registration fee. Thank you for your help in this concerne.

Sincerely,

Daniel Lapointe Vice-President #P0100085840



AHaChment 43257

## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

September 20, 2002

INTERNATIONAL HAIR ARTIST INC. 5334 BURNING TREE DR ORLANDO, FL 32811

Subject: INTERNATIONAL HAIR-ARTIST INC.

Reference Number:

P01000085840.

/sm ANNUAL REPORTS SECTION