

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000018448

1. Entity Name

HE & SHE HAIR STUDIO OF SOUTH FLORIDA, INC.

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90176 024 \*\*\*150.00

Principal Place of Business	Mailing Address
760 WEST SAMPLE RD. POMPAÑO BEACH FL 33064	760 WEST SAMPLE RD. POMPAÑO BEACH FL 33064

90151564

2. Principal Place of Business	3. Mailing Address
Suite Apt. #, etc.	Suite. Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0398406	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAX HOUSE CORPORATION 533 E. SAMPLE ROAD POMPAÑO BEACH FL 33064	Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1261 EAST SAMPLE ROAD City POMPAÑO BEACH FL Zip Code 33064

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  VITOR BIDART - Accountant 08/11/2003  
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, 2003 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  08/11/2003 (954) 785-9756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
90151564

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2003 Uniform Business Report (UBR)  
P.O. BOX 6327  
Tallahassee, FL 32314

Re: ~~Filing of Uniform Business Report 2003~~

**P93000018448**

**HE & SHE HAIR STUDIO OF SOUTH FLORIDA, INC.**

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,

ANTONIO P. PRADO - PRESIDENT  
HE & SHE HAIR STUDIO OF SOUTH FLORIDA, INC.  
6800 NW 39<sup>TH</sup> AVENUE #360  
COCONUT CREEK, FL 33073  
PHONE: (954) 785-9756

*Antonio P. Prado*