

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023668

1. Entity Name

R.J. TROPIX HAIR DESIGN, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90099 027 ***150.00

Principal Place of Business	Mailing Address
6169 JOG RD C-3 LAKE WORTH FL 33467	6169 JOG RD C-3 LAKE WORTH FL 33467-6514

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	65-0399848	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANCO, JULI E 1014-E1 GREEN PINE BLVD WEST PALM BEACH FL 33401	Name JAMES HEADING Street Address (P.O. Box Number is Not Acceptable) 432 HUNTER STREET City West Palm Beach FL Zip Code 33405

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME MILLER, ROBERT STREET ADDRESS 5112 SOCIETY PLACE W UNIT C CITY-ST-ZIP WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE V NAME JAMES HEADING STREET ADDRESS 432 HUNTER STREET CITY-ST-ZIP WEST PALM BEACH, FL 33405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ROSENBERG, WILLIAM STREET ADDRESS 6169 JOG RD C-3 CITY-ST-ZIP LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME O'MARA, MICHAEL STREET ADDRESS 6169 JOG RD C-3 CITY-ST-ZIP LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Heading VP 2-11-2000 561-352-5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)