

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90091 032 ***150.00

DOCUMENT # P94000075238

1. Corporation Name

METROPOLIS HAIR EXTENSIONS, INC.

Principal Place of Business

133 E PALMETTO PARK ROAD
BOCA RATON FL 33432
US

Mailing Address

133 E. PALMETTO PARK RD.
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1994

4. FEI Number
65-0530248

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 281 N Federal Hwy
Suite, Apt. #, etc. #5

26 281 N Federal Hwy
Suite, Apt. #, etc. #5

22 City & State
Boca Raton FL

27 City & State
Boca Raton FL

23 Zip 33432 Country P.B.

28 Zip 33432 Country P.B.

9. Name and Address of Current Registered Agent

FELDMAN, DEBRA
133 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Feldman Debra
82 Street Address (P.O. Box Number is Not Acceptable) 281 N. Federal Hwy #5
83 Boca Raton Fla
84 City Fla FL 85 Zip Code 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FELDMAN, DEBRA
STREET ADDRESS 133 EAST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Debra Feldman ☒ Change ☐ Addition
1.2 NAME 281 N. Federal Hwy
1.3 STREET ADDRESS Boca Raton FL 33432
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra Feldman
Signature and Typed or Printed Name of Signing Officer or Director
April 20.99 561393 819
Date Daytime Phone #

CR2E034 (11/98)