

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90004 021 \*\*\*150.00

0373947 AV

**DOCUMENT # P94000075238**

1. Entity Name

**METROPOLIS HAIR EXTENSIONS, INC.**

Principal Place of Business

281 N FEDERAL HWY  
#5  
BOCA RATON FL 33432  
US

Mailing Address

281 N FEDERAL HWY  
#5  
BOCA RATON FL 33432  
US

*OLD ADDRESS*

618580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

199 E Boca Raton Rd  
Suite, Apt. #, etc. # 4D

3. Mailing Address

same  
Suite, Apt. #, etc.

City & State

Boca Raton, Fla.  
Zip 33432 Country Palm Beach

City & State

Zip Country

4. FEI Number

65-0530248

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, DEBRA  
281 N FEDERAL HWY #5  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Debra Feldman  
Street Address (P.O. Box Number is Not Acceptable) 199 E Boca Raton Rd # 4D  
Boca Raton Fla.  
City FL Zip Code 33432

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

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, 2002 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, DEBRA	
STREET ADDRESS	281 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Debra Feldman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	199 E Boca Raton Rd # 4D	
STREET ADDRESS	Boca Raton, Fla. 33432	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Debra Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2002 561-3938119

Date Daytime Phone #

CR2E034 (9/01)