

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90190 034 \*\*\*150.00

**DOCUMENT # P94000075238**



1. Entity Name  
**METROPOLIS HAIR EXTENSIONS, INC.**

Principal Place of Business  
**199 E. BOCA RATON RD  
#4D  
BOCA RATON FL 33432  
US**

Mailing Address  
**199 E. BOCA RATON RD  
#4D  
BOCA RATON FL 33432  
US**

**10021217**



2. Principal Place of Business

3. Mailing Address

**2280 E Silver Palm Rd**

Suite, Apt. #, etc.

**Boca Raton, Fla.**

City & State

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

**33432**

Country

**Palm Beach**

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

7. Name and Address of New Registered Agent

**FELDMAN, DEBRA  
199 E. BOCA RATON RD  
# 4D  
BOCA RATON FL 33432**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

**2280 E Silver Palm Rd**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Debra Feldman**

**2-10-2003**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FELDMAN, DEBRA**  
STREET ADDRESS **199 E. BOCA RATON RD # 4D**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **Debra Feldman** ☒ Change ☐ Addition  
NAME **Debra Feldman**  
STREET ADDRESS **2280 E Silver Palm Rd**  
CITY-ST-ZIP **Boca Raton Fl. 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

**W561 3938111  
2-10-2003 561 750 80**