

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-15-2001 90170 024 ***150.00

DOCUMENT # **P95000033229**

1. Entity Name
FIRST CHOICE HAIRCUTTERS (FLORIDA), INC.

Principal Place of Business

Mailing Address

**6465 MILLCREEK DRIVE
 SUITE 210
 MISSISSAUGA ON L5N 5-6
 CN**

**6465 MILLCREEK DRIVE, SUITE 210
 MISSISSAUGA ONTARIO L5N 5R6
 CANADA**

2. Principal Place of Business

3. Mailing Address

7201 Metro Boulevard
 Suite, Apt. #, etc.

7201 Metro Boulevard
 Suite, Apt. #, etc.

City & State

City & State

Minneapolis, MN

Minneapolis, MN

Zip

Country

Zip

Country

55439

USA

55439

USA

4. FEI Number **59-3319518**

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

**BEYER, DAVID A.
 % RUDNICK & WOLFE
 101 EAST KENNEDY BLVD. SUITE 2000
 TAMPA FL 33602**

Name **NRAI Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
 City **Tallahassee** FL Zip Code **32301**

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 *Sue Brodtmann* **Sue Brodtmann, Asst. Secretary**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6-6-01
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COWAN, A BUDDY 6465 MILLCREEK DR SUITE 210 MISSISSAUGA ONTARIO CA L5N- 5R6	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paul Finkelstein 7201 Metro Boulevard Minneapolis, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS D Bert Gross 7201 Metro Boulevard Minneapolis, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shrinivas Kolatkar 7201 Metro Boulevard Minneapolis, MN 55439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

952-947-7777

Date

Daytime Phone #