## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000058027

1. Entity Name

FOUNDATION FOR HAIR RESTORATION, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90273 042 \*\*\*150.00

			THE THE		
Principal Place of Business 6280 SUNSET DRIVE #504 MIAMI FL 33143 US		Mailing Address 6280 SUNSET DRIVE #504 MIAMI FL 33143 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0669045	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curren		nt Registered Agent	Name	7. Name and Address of New Registered	Адепт
EPSTEIN, JEFFREY S M.D. 6280 SUNSET DRIVE		Street Address		(P.O. Box Number is Not Acceptable)	
MIAMI FL 3	33143		City	F	Zip Code
ş			office as regist	tered agent, or both, in the State of Florida. I an	<del>, </del> )
the obligat	named entity submits this statement ions of registered agent.	tor the purpose of changing its	registered office or regist	leted agont, or both, in the state of the section in	
SIGNATURE .	Signature, typed or printed name of registered ago	ent and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	0		Trast Tario Corra Basani	\$5.00 May Be Added to Fees
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE NAME STREET ADDRESS	D EPSTEIN, JEFFREY S M.D. 6280 SUNSET DRIVE MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILL TE GOVIE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CUTY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
12. I hereby indicated	certify that the information supplied d on this report or supplemental eporporation or the receiver or Mistee ed, or on an attachment with an address	monwored to execute this repo	rt as required by Chanter I	n Section 119.07(3)(i), Florida Statutes. I further he same legal effect as if made under oath; tha 607, Florida Statutes; and that my name appear	certify that the information t I am an officer or director is in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

300 466 116

Daytime Phone #