

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90331 037 \*\*\*150.00

DOCUMENT # P96000064138

1. Entity Name  
MR. CHARLES HAIRSTYLIST, INC.

**DO NOT WRITE IN THIS SPACE**

B0131213

2. Principal Place of Business  
3000-N. UNIVERSITY DR. 3. Mailing Address  
3000-N. UNIVERSITY DR.

Suite, Apt. #, etc.  
E

Suite, Apt. #, etc.  
E

DO NOT WRITE IN THIS SPACE

City & State  
CORAL SPRINGS, FL

City & State  
CORAL SPRINGS, FL

4. FFL Number  
65-0684312

Applied For  
Not Applicable

Zip  
33065

Country  
U.S.A.

Zip  
33065

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
STEINBERG, CHARLES

Street Address (P.O. Box Number is Not Acceptable)  
3000-N. UNIVERSITY DR.

STE. E

City  
CORAL SPRINGS

FL

Zip Code  
33065

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  
7-17-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
STEINBERG, CHARLES  
3000-N. UNIVERSITY DR. STE.E  
CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
V  
STEINBERG, ROBERTA  
3000-N. UNIVERSITY DR. STE.E  
CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment  
UBR/P9600004138  
B013/213

M A S  
3000 N UNIVERSITY DRIVE  
SUITE E  
CORAL SPRNGS, FL 33065  
Tel # 954-346-7288  
Fax # 954-346-7217

July 17, 2002

Uniform Business Report Filing  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: UBR/P96000064138

To Whom It May Concern:

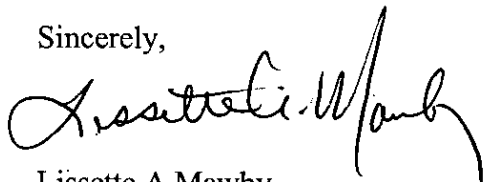
This is to request acceptance of the enclosed corporate renewal filing. The client did not receive the UBR form He moved and presently does not have a permanent address and we are using our address (MAS) it is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,



Lissette A Mawby