

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90091 045 ***150.00

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DOCUMENT # P96000090133

1. Entity Name
THE HAIR COLORING SALONS, INC.

Principal Place of Business 328 GRANDON BLVD #213-214 KEY BISCAYNE FL 33149	Mailing Address 328 GRANDON BLVD #213-214 KEY BISCAYNE FL 33149
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 52-2004093	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE



Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLON, PAUL
 300 NE 160 TERRACE
 MIAMI FL 33162**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	COLON, AMERICA		
300 NE 160 TERRACE	MIAMI FL 33162		
VD	COLON, PABLO		
300 NE 160 TERRACE	MIAMI FL 33162		
STD	COLON, PAUL		
300 NE 160 TERRACE	MIAMI FL 33162		

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: 4/10/01 305-361-8861
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)