

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90043 001 ***150.00

DOCUMENT # P97000045034

1. Entity Name

HAIR TRANSPLANTATION MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~1221 OCEAN DUNES CIR
 JUPITER FL 33477
 US~~

~~1221 OCEAN DUNES CIR
 JUPITER FL 33477
 US~~

2. Principal Place of Business

P.O. Box 541900
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 541900
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0756923

Applied For

Not Applicable

Zip

Country

33454-1900

PB

Zip

Country

33454-1900

PB

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

~~MERLING, GEORGE P
 1366 SOUTH OCEAN BLVD.
 POMPANO BEACH FL 33062~~

Name

CAROLE A. RISER

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

1900 S. OCEAN BLVD #106

City

Pompano Beach

FL

Zip Code

33062

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 *George P. Maloy*
 Signature, typed or printed name of registered agent and, if applicable, *VP*

Carole A. Riser
 Signature, typed or printed name of registered agent and, if applicable, *VP*

April 4, 2001
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<input type="checkbox"/> Delete
P	MERLING, GEORGE P	1366 S OCEAN BLVD, #1907	POMPANO BEACH FL 33062	<input type="checkbox"/>
VP	RISER, CAROLE A	1366 S OCEAN BLVD, #1907	POMPANO BEACH FL 33062	<input type="checkbox"/>
P	MERLING, GEORGE P	1221 OCEAN DUNES CIRCLE	JUPITER FL 33477	<input type="checkbox"/>
VP	RISER, CAROLE A	1900 S. OCEAN BLVD #106	POMPANO BEACH FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		P.O. Box 541900	Lake Worth, FL 3354-1900	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1900 S. OCEAN BLVD #106	Pompano Beach, FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		P.O. Box 541900	Lake Worth, FL 3354-1900	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1900 S. OCEAN BLVD #106	Pompano Beach, FL 33062	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *George P. Maloy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole A. Riser
 Date: **April 4, 2001** Daytime Phone #: **561-309-2742**

CR2E034 (10/00)