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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am P97000054376 DOCUMENT # **Secretary of State** 02-21-2002 90032 038 ***150.00 THE HAIR PEOPLE, INC. Principal Place of Business Mailing Address 20335 BISCAYNE BLVD 20335 BISCAYNE BLVD **AVENTURA FL 33181 AVENTURA FL 33181** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0771513 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHUY, MARIA J Street Address (P.O. Box Number is Not Acceptable) 20335 BISCAYNE BLVD **AVENTURA FL 33180** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) **VPD** TITLE TITLE Change ☐ Addition ☐ Delete AMATO, JEAN NAME NAME 20335 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS AVENTURA FL 33181 CITY-ST-ZIP CITY-ST-ZIP MARIA ☐ Delete ☐ Change ☐ Addition TITLE TITLE CHUY, MAGIA J NAME NAME STREET ADDRESS 20335 BISCAYNE BLVD STREET ADDRESS AVENTURA FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other