

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90004 044 ***150.00

DOCUMENT # P97000054376

1. Entity Name

THE HAIR PEOPLE, INC.



Principal Place of Business

20335 BISCAYNE BLVD
AVENTURA FL 33181

Mailing Address

20335 BISCAYNE BLVD
AVENTURA FL 33181

44046107



MOORE

CR2E034 (4/04)

2. Principal Place of Business

20335 BISCAYNE BLVD
Suite, Apt. #, etc.

3. Mailing Address

20335 BISCAYNE BLVD
Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

DADE

Zip

33180

Country

DADE

4. FEI Number

65-0771513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUY, MARIA J
20335 BISCAYNE BLVD
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name MARIA CHUY

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

20335 BISCAYNE BLVD

#32

City

Aventura FL

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Chuy

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-10-05

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	AMATO, JEAN	
STREET ADDRESS	20335 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA FL 33181	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHUY, MACIA J	
STREET ADDRESS	20335 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Chuy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05

Date

Daytime Phone #