

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90119 033 ***150.00

DOCUMENT # **P97000084475 (7)**

1. Entity Name

Preferred Hair Club, Inc.

Principal Place of Business

3355 BEARDS AVE
Tampa, FL 33618

Mailing Address

3355 BEARDS AVE
Tampa, FL 33618

2. Principal Place of Business

3355 BEARDS AVE

Suite, Apt. #, etc.

3. Mailing Address

3355 BEARDS AVE

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip **33618**

Country **US**

City & State

Tampa, Florida

Zip **33618**

Country **US**

4. FEI Number

65-0785003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0063568

6. Name and Address of Current Registered Agent

Sanders, Walter
3355 BEARDS AVENUE
Tampa, Florida 33618

7. Name and Address of New Registered Agent

Name

Sanders, Walter

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

3355 BEARDS AVENUE

City

Tampa

FL

Zip Code

33618

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

Walter Sanders

Walter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete
 NAME **Vasquez, Stacy**
 STREET ADDRESS **8014 N. Habana Ave**
 CITY-ST-ZIP **Tampa, FL 33614**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Vasquez, Stacy**
 STREET ADDRESS **8014 N. Habana Ave**
 CITY-ST-ZIP **Tampa, FL 33614**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

8132058569

Date

Daytime Phone #

CR2E034 (11/00)