

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 05-21-2002 90858 026 \*\*\*150.00

**DOCUMENT # P98000025461**

**1. Entity Name**  
**HOLIDAY HAIR AFFAIR, INC.**

**Principal Place of Business**  
**507 SE 11TH CT**  
**FORT LAUDERDALE FL 33316**

**Mailing Address**  
**641 N.W. 21 STREET**  
**WILTON MANORS FL 33311**

**2. Principal Place of Business**  
**641 N.W. 21ST STREET**  
**Suite/Apt. #, etc.**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**WILTON MANORS, FL**  
**Zip** **33311** **Country** **USA**

**City & State**

**4. FEI Number** **65-1077801** **NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LAVENDER, JOEL R ESQ.**  
**507 SE 11TH CT**  
**FORT LAUDERDALE FL 33316**

**7. Name and Address of New Registered Agent**

**Name** **FRANK MUCCIOLO**  
**Street Address (P.O. Box Number is Not Acceptable)** **641 NW 21ST STREET**  
**City** **WILTON MANORS** **FL** **Zip Code** **33311**

**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** *Frank Muccio* **FRANK MUCCIOLO, PRESIDENT** **4/29/2002**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<del>PSD</del>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<del>LAVENDER, JOEL R</del>	
<b>STREET ADDRESS</b>	<del>507 SE 11TH CT</del>	
<b>CITY-ST-ZIP</b>	<del>FORT LAUDERDALE FL 33316</del>	
<b>TITLE</b>	PSVD	<input type="checkbox"/> Delete
<b>NAME</b>	FRANK MUCCIOLO	
<b>STREET ADDRESS</b>	641 NW 21ST STREET	
<b>CITY-ST-ZIP</b>	WILTON MANORS, FL 33311	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:** *Frank Muccio* **FRANK MUCCIOLO** **PRESIDENT** **4/29/2002** **(954) 975-8900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)