FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

- SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFIC

## Feb 14, 2002 8:00 am Secretary of State DOCUMENT # P98000060039 1. Entity Name ADVANCED HAIR INSTITUTE, INC. 02-14-2002 90031 039 \*\*\*150.00 Principal Place of Business Mailing Address 120 WOOD AVE., S. 120 WOOD AVE., S. SUITE'305 SUITE 305 ISELIN NJ 08830 ISELIN NJ 08830 US" 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 58-2424148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent LEVINE, A. KENNETH Street Address (P.O. Box Number is Not Acceptable) 101 N. MONROE STREET **SUITE 725** TALLAHASSEE FL 32301 City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ASHRAF, ALI NAME NAME 120 WOOD AVE., STE, 305 STREET ADDRESS STREET ADDRESS ISELIN NJ 08830 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME COLON, HILDA NAME STREET ADDRESS 120 WOOD AVE., STE. 305 STREET ADDRESS CITY-ST-ZIP ISELIN NJ 08830 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition ASHRAF, BAHMAN NAME NAME STREET ADDRESS 120 WOOD AVE., STE. 305 STREET ADDRESS CITY-ST-7IP ISELIN NJ 08830 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.