

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90086 046 ***150.00

DOCUMENT # P98000096190

1. Corporation Name
HAIR 4 YOU INC.

Principal Place of Business

~~2124 NE 129 ST #203~~
~~MIAMI FL 33181~~

Mailing Address

~~2124 NE 129 ST #203~~
~~MIAMI FL 33181~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

2. Principal Place of Business

21 800 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

22 Store 24

City & State

23 Hallandale, FL

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 800 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

27 Store 24

City & State

28 Hallandale, FL

Zip

29 33009

Country

30 USA

4. FEI Number

65-0826339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BERNOT, NANCY
935 - 79 TERRACE
MIAMI FL 33141

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
WIESE, LINDA
STREET ADDRESS 250 LAYNE BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME VD
BERNOT, NANCY
STREET ADDRESS 935 - 79 TERRACE
CITY-ST-ZIP MIAMI, BEACH FL 33141

TITLE ☐ DELETE

NAME SD
MARTINEZ, INES
STREET ADDRESS 1765 NE 178 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME TD
DUPUTEL, MYRIAM
STREET ADDRESS 478 NE 210 CIR TERR
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Bero* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

954-454-1634

Daytime Phone #

CR2E034 (11/98)

0261237