## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000102087 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name MVP HAIR ENTERPRISES, INC. 04-11-2000 90036 023 \*\*\*150.00 Mailing Address Principal Place of Business 951 BROKEN SOUND PARKWAY NW STE 135 951 BROKEN SOUND PARKWAY NW STE 135 **BOCA RATON FL 33487** BOCA RATON FL 33487-3505 UUUTAU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0886346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHN, JERALD N Street Address (P.O. Box Number is Not Acceptable) 951 BROKEN SOUND PARKWAY NW STE 135 **BOCA RATON FL 33487** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition PD TITLE ☐ Delete TITLE NAME COHN. JERALD N STREET ADDRESS 951 BROKEN SOUND PARKWAY NW STE 135 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change Addition VD □ Delete TITLE TITLE NAME TANNEN, DAVID E NAME STREET ADDRESS 951 BROKEN SOUND PARKWAY NW STE 135 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **BOCA RATON FL 33487** Change Addition TITLE TITLE ~ FISCHER, BRIAN S NAME NAME STREET ADDRESS STREET ADDRESS 951 BROKEN SOUND PARKWAY NW STE 135 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change Addition ☐ Delete TITLE WELHAF, MATTHEW E NAME 951 BROKEN SOUND PARKWAY NW STE 135 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

PAVIDE. TANNEN V.P. 4/4/00