

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 899000019846

1. Entity Name
CHIN SUE MOI, INC.
D/B/A HAIRSENSE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 PM 3:47

Principal Place of Business 1114 S. DIXIE Highway
CORAL GABLES, FL. 33146

Mailing Address 1114 S. DIXIE Highway
CORAL GABLES, FL. 33146

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0898710 **Applied For** ☐ **Not Applicable** ☐

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

6. Name and Address of Current Registered Agent

NADINE CHIN
9420 NE 9th AVENUE
MIAMI SHORES, FL. 33138

7. Name and Address of New Registered Agent

Name

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

City **FL** **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 NADINE CHIN, PRES. *Nadine Chin* **DATE** 9/28/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **After MAY 1, 2000 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 PRESIDENT NAME NADINE CHIN STREET ADDRESS 9420 NE 9TH AVE. CITY-ST-ZIP MIAMI SHORES, FL. 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100003422401--3 -10/12/00--01021--020 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100003422401--3 -10/12/00--01021--021 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: NADINE CHIN, PRES. *Nadine Chin* **DATE** 9/28/00 **Daytime Phone #** 305-666-8521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Chin Sue Mei, Inc.
D/B/A Hairsense
1114 South Dixie Highway
Coral Gables, Florida 33146
305-666-8521**

September 27, 2000

Florida Department of State

Re: Annual Report / Uniform Business Report

To Whom It May Concern:

As of today, September 27, 2000, I still have not received the Annual Report/ Uniform Business Report from the State of Florida.

Regards,



Nadine Chin
CEO and President