

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90015 021 ***150.00

DOCUMENT # P99000048239

1. Entity Name
PERSONAL HAIR REPLACEMENT CORP.

Principal Place of Business Mailing Address
3890 W. COMMERCIAL BLVD., STE. 214 3890 W. COMMERCIAL BLVD., STE. 214
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309

00017501



2. Principal Place of Business *FL 33308*
FT. LAUDERDALE Mailing Address
2713 E. COMMERCIAL BLVD. *2713 E. COMMERCIAL BLVD.*
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *FT. LAUDERDALE, FL* City & State *FORT LAUDERDALE* 4. FEI Number *65-0934147* Applied For
Zip *33308* Country *U.S.A* Zip *33308* Country *U.S.A* 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GONZALEZ, JONATHAN
3890 W. COMMERCIAL BLVD., STE. 214
FT. LAUDERDALE FL 33309
Name
Street Address (P.O. Box Number is Not Acceptable)
3101 Port Monle Blvd
City *FT Lauderdale* FL Zip Code *33308*

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

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<i>D</i>	<input type="checkbox"/> Delete	TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ACCETTA, LINDA</i>		NAME	<i>Linda Accetta</i>	
STREET ADDRESS	<i>3101 PORT MONLE BLVD</i>		STREET ADDRESS	<i>2124 N.E 63rd St</i>	
CITY-ST-ZIP	<i>FORT LAUDERDALE FL 33308</i>		CITY-ST-ZIP	<i>Fort Lauderdale, FL 33308</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete	TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GONZALEZ, JONATHAN</i>		NAME	<i>Jonathan Gonzalez</i>	
STREET ADDRESS	<i>3101 PORT MONLE BLVD</i>		STREET ADDRESS	<i>2124 NE 63rd St.</i>	
CITY-ST-ZIP	<i>FORT LAUDERDALE FL 33308</i>		CITY-ST-ZIP	<i>Fort Lauderdale, FL 33308-1303</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *1-18-02* Date Daytime Phone #

CR2E034 (9/01)