# **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # P99000048239



# FILED Jan 21, 2003 8:00 am Secretary of State

1. Entity Name PERSONAL HAIR REPLACEMENT CORP.							01-21-2003 901	74 024 ***150	0.00	i
Principal Place of Business 2713 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308			Mailing Address 2713 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308					100.1	<b>, ,</b>	
2. Principal I	Place of Busin	ress	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			ب <sub>ق</sub> :بست.	☐ CHECK HERE IF MA	KING CHANGES		
City & State			City & State			4.	FEI Number <b>65-0934147</b>		oplied For	}
Zip Country		Zip · Count		try	5. Certificate of Status Desired		¢9.75 Audition 1			
	6. Name	and Address of Current F	Registered Agent			7.	Name and Address of New Registe			1
GONZALEZ, JONATHAN 3101 PORT MONTE BLVD FORT LAUDERDALE FL 33308					Address Carlo	5 (P.O. E	Athan (DO) BOX Number is Not Acceptable)  Economica  NUD 71	C(7-( FL 339	1ez 13/26 308	
signature	Signature by ed  Signature by ed  FILE NOW!!  r May 1, 200	or printed name of registered agent as	nd title if applicable.	d	ed office or regis		einstating) D	ATE \$5.0	<b>0</b> -May Be	
	k Payable to	Florida Department of					Trust Fund Contribution.		to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACCETTA, 2124 NE 6 FORT LAU		Delete		1	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS  Change	S IN 11  Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2124 NE 6	Z, JONANTHAN 3RD ST DERDALE FL 33308	☐ Delete		1			☐ Change	Addition	CR2E
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12. Thereby c	errity that the	information eupplied with t	bio filina dooo oot ayabib. far	the aven	antion statem in (		(10.07/0V)) Elavida Cratichas I filiates.	والأرواء ووالمراكلة والكلاوات		

interest certify that the information supplied with this filling 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 samplegal 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 refluired by Chapter 607, Flydida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #