

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90125 013 ***150.00

DOCUMENT # P99000055729

1. Entity Name

FRIEND'S HAIR SALON, INC.



Principal Place of Business
**7224 W OAKLAND PK BLVD
LAUDERHILL FL 33313**

Mailing Address
**7224 W OAKLAND PK BLVD
LAUDERHILL FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0926279**

Applied For

Not Applicable

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

**PATTON, MARIE
3030 SW 53 TERRACE
DAVIE FL 33314**

Name

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

7224 W Oakland Park Blvd

City

Lauderhill

FL

Zip Code

33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D PATTON, MARIE**
STREET ADDRESS **3030 SW 53 TERRACE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7224 W. Oakland Park Blvd**
CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE ☐ Delete
NAME **Nancy SCHNEIDER**
STREET ADDRESS **7224 W. Oakland Park Blvd**
CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

(954) 742-6226

Date

Daytime Phone #

CR2E034 (10/02)