FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91892 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087792

1. Entity Name
H.I.S. HAIR INSTALLATION SERVICES, INC.

Principal Place of Business
412 S POWERLINE ROAD
DEERFIELD BEACH, FL 33442

Mailing Address
5133 NW 57TH TERRACE
CORAL SPRINGS, FL 33067

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: 412 S. Powerline Rd.
Suite, Apt. #, etc.
City & State: Deerfield Bch FL
Zip: 33442 | Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0949048 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAPPALARDO, JOSEPH
2522 N. STATE ROAD 7
MARGATE, FL 33065

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. 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

[illegible shaded box]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	RUBBO, MICHELE	
STREET ADDRESS	5133 NW 57TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	Michele Rubbo	
STREET ADDRESS	9090 NW 42nd Court	
CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Michele Rubbo 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #