

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 20 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092944

1. Entity Name

RG HAIR DESIGN, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
580 CAPE COD LANE

3. Mailing Address  
PO BOX 150416

Suite, Apt. #, etc.  
STE. #4

Suite, Apt. #, etc.

City & State  
ALTAMONTE SPRINGS

City & State  
ALTAMONTE SPRINGS

Zip Country  
32714 FL USA

Zip Country  
32715 FL USA

**REINSTATEMENT**

03

4. FEI Number 59-3604675

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DIVINE, RUSSELL W.

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

24 SOUTH ORANGE AVE STE. 203

City ORLANDO FL Zip Code 32801

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$81.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD COLON, RAMONA 433 EAST CITRUS ST. ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROJAS, EDUARDO 433 E. CITRUS ST. ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300024260103 10/29/03 - 01071 - 010 - \$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23/03

Date

407-786-2555

Daytime Phone #

CR2E034B (12/02)

October 25, 2003

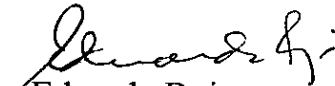
- To whom it may concern:

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Enclosed find the UBR form with a check for \$150.00 to cover the annual fee.

The reason we are sending it now is because we never received it. The Documents were sent to the wrong address. The correct address is printed on the form.

Thank you,

  
Eduardo Rojas  
Administrator

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