

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90852 003 \*\*\*150.00

UBR0303 / 050303 / 01

**DOCUMENT # P99000109595**

1. Entity Name  
**PEARL'S HAIR DESIGN, INC.**

Principal Place of Business <b>2603 CURRY FORD RD</b> <b>2</b> <b>ORLANDO FL 32806</b>	Mailing Address <b>2603 CURRY FORD RD</b> <b>2</b> <b>ORLANDO FL 32806</b>
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2. Principal Place of Business <i>2603 Curryford Rd</i> <i>Orlando FL</i> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <i>2603 Curryford Rd</i> <i>ORL FL</i> <small>Suite, Apt. #, etc.</small>
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3610686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BOODRAM, POOLMAT</b> <b>2603 CURRY FORD RD</b> <b>ORLANDO FL 32806-2507</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *POOLMAT BOODRAM*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOODRAM, POOLMAT</b> <b>2603 CURRY FORD RD</b> <b>ORLANDO FL 32806-2507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADSHAW, HOLLIS A</b> <b>2603 CURRY FORD RD</b> <b>ORLANDO FL 32806-2507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>POOLMAT BOODRAM</i> <input type="checkbox"/> Delete <i>2603 CURRY FORD RD</i> <i>ORL FL 32806</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>HOLLIS A BRADSHAW</i> <input type="checkbox"/> Delete <i>2603 CURRY FORD RD</i> <i>ORL FL 32806</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *POOLMAT BOODRAM* **4-10-02** **407 994-7078**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)