

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12609

1. Entity Name
NEW CONCEPTS HAIR GOODS, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90318 025 ***150.00

Principal Place of Business

5399 N DIXIE HWY
202
FT. LAUDERDALE FL 33334
US

Mailing Address

5399 N DIXIE HWY
202
FT. LAUDERDALE FL 33334
US

2. Principal Place of Business

1450 S.W. 3rd Street

Suite, Apt. #, etc.

Suites A-8 + A-9

City & State
Pompano Beach FL

Zip
33069

Country
U.S.

3. Mailing Address

1450 SW 3rd Street

Suite, Apt. #, etc.

Suites A-8 + A-9

City & State
Pompano Beach FL

Zip
33069

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0236199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STHAIR, OKYO
5399 N DIXIE HWY #202
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name
OKYO STHAIR
Street Address (P.O. Box Number is Not Acceptable)
1450 SW 3rd Street
Suites A-8 + A-9
City
Pompano Beach FL Zip Code
33069

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 OKYO STHAIR

2/21/01

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HIRAMA, KOICHI
18684 LAKE DRIVE EAST
CHANHASSEN MN 55317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STHAIR, OKYO
5399 N DIXIE HWY #202
FT. LAUDERDALE FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GENSLER, PETER
18684 LAKE DRIVE EAST
CHANHASSEN MN 55317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
P
STHAIR OKYO
1450 SW 3rd Street Suites A-8 + A-9
Pompano Beach FL 33069 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: OKYO STHAIR 2/21/01 (954) 545-9722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)