

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90659 046 \*\*\*150.00

**DOCUMENT # S61959**

1. Entity Name  
**HAIR'S US, INC.**

Principal Place of Business  
**3150 SOUTH BABCOCK STREET  
 MELBOURNE FL 32901**

Mailing Address  
**3150 SOUTH BABCOCK STREET  
 MELBOURNE FL 32901**

2. Principal Place of Business  
**3150 S Babcock ST**  
 Suite, Apt. #, etc.  
**Suite D**

3. Mailing Address  
**3150 South Babcock ST**  
 Suite, Apt. #, etc.  
**Suite D**



DO NOT WRITE IN THIS SPACE

City & State  
**Melbourne FL**  
 Zip  
**32901**

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**Melbourne FL**  
 Zip  
**32901**

4. FEI Number **59-3107393**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRAILE, JOAN  
 2139 LADMEN ROAD  
 PALM BAY FL 32907**

**7. Name and Address of New Registered Agent**

Name **JUDITH TESSA MECCARIELLO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**506 HIGH POINT COURT**  
 City **MELBOURNE FL FL 32901**

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 *Judith Tessa Meccariello*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/11/02**  
 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, 2002 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	<b>OFF SECRETARY</b> <b>BRAILE, JOAN</b> <b>3150 SOUTH BABCOCK ST.</b> <b>MELBOURNE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JUDITH TESSA MECCARIELLO</b> <b>3150 S BABCOCK ST</b> <b>MELBOURNE FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>PAUL MECCARIELLO</b> <b>3150 S BABCOCK ST</b> <b>MELBOURNE FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Judith Tessa Meccariello* **JUDITH TESSA MECCARIELLO 4/11/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **4/11/02**  
 Daytime Phone # **321-722-1795**

CR2E034 (9/01)