## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## S73066 **DOCUMENT #**



**FILED** Mar 03, 2003 8:00 am & Secretary of State

AR HAIR		S, INC.	سور د					03-	03-2003				
Principal Place of Business 6887 COMMERCIAL BLVD. TAMARAC FL 33319-2154			6887 C	Mailing Address 6887 COMMERCIAL BLVD. TAMARAC FL 33319-2154									
2. Principal P	Place of Busin	ness	3. Mailín	g Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City &	City & State			4. Fi	4. FEI Number 65-0298977				Applied For Not Applicable	
Zip Country			Zip Cou			try					Fee Requi		
	6. Name	and Address of Curre	nt Registered	Agent		Name	7. N	ame and Addres	s of New R	egistered /	Agent		┨
WOLF, VALYA							itreet Address (P.O. Box Number is Not Acceptable)				, to		
212 S.E. ( #103	81H S1.												
FT. LAUDERDALE FL 33316						City				FL	Zip Co	de	
	named entit tions of regist	y submits this statement ered agent.	for the purpos	se of changing its	registere	ed office or regi	istered age	ent, or both, in the	State of Flo	rida. ∃am f	amiliar witl	n, and accept	Ī
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if applica	able. (NOTE	E: Registered	d Agent signature rec	quired when rein	nstating)		DATE			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Date

Daytime Phone #