

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90158 025 ***150.00

DOCUMENT # S90215

1. Entity Name
EXTENSIONS PLUS, INC.



Principal Place of Business
**3500 PARK CENTRAL BLVD
POMPANO BEACH FL 33064
US**

Mailing Address
**3500 PARK CENTRAL BLVD.
POMPANO BEACH FL 33064
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0297001**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYE & ROGER, P.A.
6261 NW 6TH WAY, SUITE 101
SUITE 207
FT LAUDERDALE FL 33309**

Name **Robert Kaye & Associates**
Street Address (P.O. Box Number Not Acceptable) **6261 NW 6th Way**
Suite 103
City **Fort Lauderdale** **FL** Zip Code **33309**

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 **Robert Kaye President**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

1-28-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, DANIEL	
STREET ADDRESS	5607 NW 38TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORES, TODD	
STREET ADDRESS	2360 N.W. 33RD TERR.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARATRO, THOMAS	
STREET ADDRESS	23352 LORGO MAR CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NATALE, JOHN N. JR	
STREET ADDRESS	3500 PARK CENTRAL BLVD N	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Robert Kaye**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

561-642-3244

Date

Daytime Phone #

CR2E034 (10/02)