FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90004 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57317

1. Entity Name
TOTAL CONCEPT HAIR RESTORATION CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1920 E. OAKLAND PARK BLVD
Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL
Zip: 33306 Country: USA

3. Mailing Address
1920 E. OAKLAND PARK BLVD
Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL
Zip: 33306 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: LEONARD VENTIMIGLIA
Street Address (P.O. Box Number is Not Acceptable): 1920 E. OAKLAND PARK BLVD
City: FT LAUDERDALE FL Zip Code: 33306

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when individual)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEONARD A. VENTIMIGLIA
STREET ADDRESS	1920 E. OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD A. VENTIMIGLIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)