2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V57980** May 16, 2000 8:00 am Secretary of State R & C HAIR INC. 05-16-2000 90184 046 ***158.75 Mailing Address Principal Place of Business 10325 ROYAL PALM BLVD 10325 ROYAL PALM BLVD CORAL SPRINGS FL 33065-4817 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0358926 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEISS, STEVE 10325 ROYAL PALM BLVD CORAL SPRINGS FL 33065 or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. ■ Addition Delete TITLE JEFFREY CLARK 397 NW 113th Terrace TITLE NAME WEISS, STEVE STREET ADDRESS STREET ADDRESS 7426 NW 74 DR. CITY-ST-ZIP CiTY-ST-ZIP <u>Parkland Fl</u> Addition TITLE Delete NAME DOIORES NAME WEISS, DEBORAH STREET ADDRESS STREET ADDRESS 7426 NW 74 DR. CITY-ST-ZIP CITY-ST-ZIP Parkland Fl Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing copes 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 aport 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 of 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 accurate an empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4126100

954-753-9494

Change

☐ Addition

Daytime Phone #