2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # F64602 PAR HAIR AND NAILS, INC.				Apr 10, 20 Secretar 04-10-2001 900	y of Sta 908 044 ***150.0	te	
Principal Place of Business 1373 KASS CIR. SPRINGHILL FL 34606 US		Mailing Address 1373 KASS-CIR. SPRINGFILL FL 34606						
2. Principal Place of Business /// 15 KASS CIR- Suite, Apt. #, etc.		3. Mailing Address 1475 KASI CIR Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		SPRING HIL	L fL	4.	FEI Number 59-2189866	t +	oplied For ot Applicable	
3460	6 Country US	34606	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Regi	stered Agent		
1397 SUIT	AN, LOUIS 7 KASS CIRCLE 10052 E 107 INGHILL FL 34606 BROUNS	Twelve ONES The FL 3461.	Street Addres	ess (P.O. E	3ox Number is Not Acceptable)	Zip Code	e	
	named entity submits this statement for the							
Tax filing r	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	Registered Agent signature re II FEE IS \$150.00 D1 Fee will be \$550. Ie to Department of	00	10. Election Campaign Financ Trust Fund Contribution.		0 May Be	
11.	OFFICERS AND DI	RECTORS	12,	AD	DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJAN, IRENE E 13 73 KASS CIR GLE 10032 SRBINGHILL FL 34606 B 20033	Delete Twelve Oaks CT 1116 FL34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADJAN, LOUIS 1379-KASS CIRCLE SPRINGHILL FL 24606 B ADDAM	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE = 45 \$\pi = \text{NAME} STREET ADDRESS CITY-ST-ZIP	S O'BROCTO, BARBARA 7373 SPRING HILL DR. SPRING HILL FL	- Delete -	NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		Change	Addition	
indicated of the corp	ertify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empowe or on an attachment with an address, with	ue and accurate and that me ered to execute this report a	y signature shall have	the same I	legal effect as if made under oath	; that I am an officer	or director	

3-7-01 35× 683 03×0