

2001 UNIFORM BUSINESS REPORT (UBR)

6

FILED
Jul 31, 2001 8:00 am
Secretary of State

06-26-2001 90007 032 ***150.00

DOCUMENT # P00000042275

1. Entity Name

SONIA'S HAIR DESIGNER INC

Principal Place of Business

Mailing Address

40 GIRALDA
 CORAL GABLES FLA 33134

2. Principal Place of Business

40 GIRALDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLE FLA

City & State

SAME

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

33134

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONIA LOZADA
 1732 SW 104 PLACE
 MIAMI FLA 33167

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐ \$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/D
 SONIA LOZADA
 1732 SW 104 PLACE
 MIAMI FLA 33167 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/D
 SONIA LOZADA
 1732 SW 104 PLACE
 MIAMI FLA 33167 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S/D
 MARCIA LEON
 9433 SUNTIME BLVD N 212
 MIAMI FLA 33171 ☒ 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
☐ 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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonia Lozada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)