

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90151 043 \*\*\*150.00

**DOCUMENT # P00000057365**

1. Entity Name  
**INTERNATIONAL HAIR CARE, INC.**



Principal Place of Business

**15060 SW 152 TERR  
 MIAMI FL 33187**

Mailing Address

**15060 SW 152 TERR  
 MIAMI FL 33187**

150.

0006358

2. Principal Place of Business

**15445 SW 137 Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address

**15445 SW 137 Avenue**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**miami Fla**

City & State

**miami, Fla**

4. FEI Number

**15-1041136**

Applied For

Not Applicable

Zip

**33177**

Country

**USA**

Zip

**33177**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**CUELLAR, LORI A  
 15060 SW 152 TERR  
 MIAMI FL 33187**

7. Name and Address of New Registered Agent

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)

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**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.

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**\$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	<b>D CUELLAR, RICARDO 15060 SW 152 TERR MIAMI FL 33187</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CUELLAR, LORI A 15060 SW 152 TERR MIAMI FL 33187</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Lori Cuellar** Lori Cuellar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/01**  
 Date

**(786) 242-9940**  
 Daytime Phone #

CR2E034 (10/00)

Attachment  
D# P0000057305  
A0086358

Sept 8, 2001

Florida Dept of State  
Division of Corporations:

This is the only notice, I received to file for our corporation and I received it well after the May 31 deadline. I got it in mid June. I've talked with my accountant and a lady in your office and was told to write and ask you to look into this case. It is our first year with the corporation so a filing deadline of May was not known.

Please investigate this case and let me know.

Lori Cuellar  
(786) 242-9940.