

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P01000108924  
 1. Entity Name  
**REYES BEAUTY SALON, INC.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 DEC -4 AM 11:19

**DO NOT WRITE IN THIS SPACE**

|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>4019 NW 7 STRRET<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>4019 NW 7 STRRET<br>Suite, Apt. #, etc. |         |
| City & State<br>MIAMI, FL   |         | City & State<br>MIAMI, FL                                     |         |
| Zip<br>33126  | Country | Zip<br>33126  | Country |

**REINSTATEMENT** 03  
 DO NOT WRITE IN THIS SPACE

|   |  |  |
|---|--|--|
| <b>DO NOT WRITE IN THIS SPACE</b>   | 4. FEI Number <b>200145235</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |  |
|   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
|   | 7. Name and Address of Current Registered Agent  |  |
|   | Name <b>OLGA E. REYES</b>  |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>4019 NW 7 STRRET</b> |  |  |
| City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33126</b>                       |  |  |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

January - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                           |                |   |
|----------------------------|---------------------------|----------------|---|
| TITLE                      | (P/N/S/T/D) OLGA E. REYES | TITLE          | <b>DO NOT WRITE IN THIS SPACE</b>             |
| NAME                       | 4019 NW 7 STRRET          | NAME           |   |
| STREET ADDRESS             | MIAMI, FL 33126           | STREET ADDRESS | 800025428118<br>12/11/03--01064--008 **300.00 |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP    |   |
| TITLE                      |                           | TITLE          |   |
| NAME                       |                           | NAME           |   |
| STREET ADDRESS             |                           | STREET ADDRESS |   |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP    |   |
| TITLE                      |                           | TITLE          |   |
| NAME                       |                           | NAME           |   |
| STREET ADDRESS             |                           | STREET ADDRESS |   |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP    |   |
| TITLE                      |                           | TITLE          |   |
| NAME                       |                           | NAME           |   |
| STREET ADDRESS             |                           | STREET ADDRESS |   |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP    |   |

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 10 or on an attachment with an address with all other like empowered.

**SIGNATURE:** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034B (12/02)

# REYES BEAUTY SALON, INC.

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

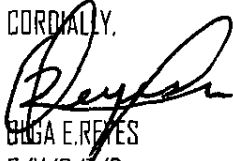
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS I AM SENDING OVER THE UBR FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPT OF STATE I ALSO STATE THAT I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPOR.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,



OLGA E. REYES  
P/V/S/T/D