

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

009254

DOCUMENT # P98000099685

05-03-2001 91159 049 ***158.75

1. Entity Name

HAIR BY LIS-ANN, INC.

Principal Place of Business

555 E 25 STREET #108
 HIALEAH FL 33013

Mailing Address

555 E 25 STREET #108
 HIALEAH FL 33013

00091202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0879423**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LISSETTE, MARTINEZ
555 E 25 STREET #108
HIALEAH FL 33013

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)

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**

RECEIVED
DEPT. OF REVENUE
APR 20 AM 10:25

11. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **D MARTINEZ, LISSETTE**
 STREET ADDRESS **1131 W 46 STREET**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Delete
 NAME **ST BETANCOURT, YAILIN**
 STREET ADDRESS **1131 W 46 ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lissette Martinez **LISSETTE MARTINEZ** **4-10-01**

CRE034 (10/00)