FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91842 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099686

2/5/03

1. Entity Name

COCO'S HAIR DESIGN, INC

957 A SW 87TH AVE
MIAMI, FL 33174

957 A SW 87TH AVE
MIAMI, FL 33174

90129636

2. Principal Place of Business
957 A SW 87TH AVE
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip 33174 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963448 Applied For / Not Applic

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

CECILIO R MATIAS
3760 KUMQUAT AVE
MIAMI, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May I Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPS NAME CECILIO R MATIAS STREET ADDRESS 3760 KUMQUAT AVE CITY-ST-ZIP MIAMI, FL 33133 ☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 informa 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 dire 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 on attachment with an address, with all other like empowered.

SIGNATURE: Cecilio Rene Matias P&E 04/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #