

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078745

1. Entity Name
QUEEN HAIRCUT, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90120 046 ***150.00

Principal Place of Business

4735 NW 79 AVENUE
MIAMI FL 33166

Mailing Address

4735 NW 79 AVENUE
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0645318

Applied For
Not Applicable

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

~~GRANADOS, BENILDA~~
~~145 SE 25 ROAD~~
~~MIAMI FL 33129~~

Reina Mejia
8021 NW LAKE DR APT #201
MIAMI, FL 33166

Name REINA MEJIA
Street Address (P.O. Box Number is Not Acceptable) 8021 NW LAKE DR APT #201
MIAMI, FL 33166

8021 LAKE DRIVE APT #201

City MIAMI 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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 18 2002
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, 2002 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 PD
NAME MEJIA, REINA
STREET ADDRESS 8021 LAKE DRIVE, APT #201
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME 8021 NW LAKE DR APT #201
STREET ADDRESS MIAMI, FL 33166
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18 02

905-92-2245

Date

Daytime Phone #

CR2E034 (9/01)