## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

1134 W. 29TH ST

HIALEAH FL 33012

## 413523 DOCUMENT #

1. Entity Name

1134 W. 29TH ST

HIALEAH FL 33012

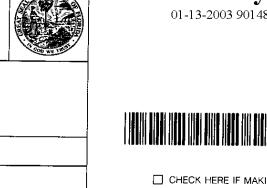
CELY BEAUTY SALON, INC.

Principal Place of Business



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90148 025 \*\*\*150.00



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1438739 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROL, HAYDEE Street Address (P.O. Box Number is Not Acceptable) 3235 W. 9TH AVE. HIALEAH FL 330¥2 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition TORRES, HAYDEE NAME NAME STREET ADDRESS 3235 W. 9 AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME PROL, HAYDEE NAME STREET ADDRESS 3235 W. 9 AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP - Delete JITI E. Change Addition NAME ESTRADA, HAYDEE NAME STREET ADDRESS 3235 W. 9 AVENUE STREET ADDRESS CITY-ST-ZIE HIALEAH FL CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Daytime Phone

☐ Change

☐ Addition

CR2E034 (10/02)