2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 30, 2000 8:00 am Secretary of State **DOCUMENT # 471243** 1. Entity Name BARBARA HAIR FASHION, INC. 03-30-2000 90038 045 ***150.00 Principal Place of Business Mailing Address 9 EAST 44TH STREET 9 EAST 44TH STREET HIALEAH FL 33013-1815 HIALEAH FL 33013-1815 C0048106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1609695 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUAREZ, ALFONSO Street Address (P.O. Box Number is Not Acceptable) 911 W. 39 PLACE HIALEAH, FL 33012 Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee Will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change Addition TITLE TITLE ☐ Delete SUAREZ, HILDA NAME NAME STREET ADDRESS 911 W. 39 PLACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE SUAREZ, ALFONSO NAME 911 W. 39 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling 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.

Suarez ST 1-14-00