

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90193 041 ***150.00

DOCUMENT # 488922

1. Entity Name

CREATIONS HAIRSTYLE AND BOUTIQUE INC. ✓

Principal Place of Business

**2030 S OCEAN DRIVE
 HALLANDALE. FL. 33009**

Mailing Address

**13255 S.W. 54 CT.
 MIRAMAR. FL. 33027**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4338 S.W. 8 STREET

Suite, Apt. #, etc.

City & State

MIAMI. FLORIDA.

Zip

33134

Country

4. FEI Number

59-1632797

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOISES ARCE
 13255 S.W. 54 CT.
 MIRAMAR. FL. 33027**

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ARCE, MOISES | |
| STREET ADDRESS | 13255 S.W. 54 CT. | |
| CITY-ST-ZIP | MIRAMAR. FL. 33027 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | ARCE, BLANCA | |
| STREET ADDRESS | 13255 S.W. 54 CT. | |
| CITY-ST-ZIP | MIAMI. FL. 33027 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARCE. MOISES | |
| STREET ADDRESS | 13255 S.W. 54 CT. | |
| CITY-ST-ZIP | MIRAMAR. FL. 33027 | |
| TITLE | VS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARCE. BLANCA | |
| STREET ADDRESS | 13255 S.W. 54 CT. | |
| CITY-ST-ZIP | MIRAMAR. FL. 33017 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Moises Arce

1/20/01

Date

Daytime Phone #

CR2E034 (1/1/00)