

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90451 050 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **495665**

1. Entity Name

**DRDIG'S BEAUTY CLINIC, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9350 BALADA**

Suite, Apt. #, etc.

**CORAL GABLES**

City & State

**FLORIDA**

Zip

**33156**

Country

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1727391**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**MARTA ELORTEGUI**

Street Address (P.O. Box Number is Not Acceptable)

**9350-BALADA**

City

**CORAL GABLES**

**FL**

Zip Code

**33156**

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

**MARTA ELORTEGUI**

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. ☐

**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 Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
ELORTEGUI, MARTA  
9350 BALADA  
CORAL GABLES, FL 33156**

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARTA ELORTEGUI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)