

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90108 022 ***150.00

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DOCUMENT # 594760

1. Entity Name
EVERGLADES BEAUTY SALON AND BOUTIQUE, INC.



Principal Place of Business
**4745 SW 8 ST.
MIAMI FL 33134
US**

Mailing Address
**4745 SW 8TH ST
MIAMI FL 33134
US**

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 **59-1827003**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVESTRE ESTRELLA
4745 SW 8TH STREET
MIAMI FL 33134**

Name
FELIPA MEJIA
Street Address (P.O. Box Number is Not Acceptable)
4745 S.W. 8TH ST.
City
MIAMI **FL** Zip Code
33134

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 *Felipa Mejia*
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT FELIPA MEJIA

4/15/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SILVESTRE, ESTRELLA
5167 S.W. 8TH STREET
MIAMI FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT DIRECTOR
MEJIA, FELIPA
4745 S.W. 8TH ST.
MIAMI, FL. 33134** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SILVESTRE, ESTRELLA
5103 S.W. 8TH ST.
MIAMI FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GARCIA, JOE
4745 S.W. 8TH ST.
MIAMI, FL. 33134** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Felipa Mejia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

305-442-1680

CR2E034 (10/02)