

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 011 ***150.00

DOCUMENT # F11378

1. Entity Name
Salon Azul, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8528 S.W. 8 Street

3. Mailing Address
5601 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

M-12

City & State

Miami, FL

City & State

Miami Beach, FL

4. FEI Number

59-2052010

Applied For

Not Applicable

Zip

Country

33144

Zip

Country

33140

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carreras, Rosa Maria

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

8528 S.W. 8 Street

City

Miami

FL

Zip Code
33144

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D
NAME Elias, Haydee
STREET ADDRESS 8528 S.W. 8 Street
CITY-ST-ZIP Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME Carreras, Rosa Maria
STREET ADDRESS 8528 S.W. 8 Street
CITY-ST-ZIP Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Eliás, Anthony
STREET ADDRESS 8528 S.W. 8 Street
CITY-ST-ZIP Miami, FL 33144

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa M. Carreras

Date

Daytime Phone #

CR2E034B (12/02)