

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

06-27-2003 90052 026 ***150.00

DOCUMENT # G29125

1. Entity Name
MAGGIE'S BEAUTY SHOP, INC.



Principal Place of Business
**7764 A N.W. 44TH STREET
SUNRISE FL 33321
US**

Mailing Address
**7764 A NW 44TH ST
SUNRISE FL 33351
US**

55051163



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2263130**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPELES, MEDELICIA
7702 N.W. 60 STREET
TAMARAC FL 33321**

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P** ☐ Delete
NAME **CAPELES, MEDELICIA**
STREET ADDRESS **7702 N.W. 60 STREET**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CAPELES, MEDELICIA**
STREET ADDRESS **7702 NW 60 ST**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Capels June 2003 954-748-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

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

6/27/2003-90052-026-\$150.00-\$150.00

DOCUMENT # <u>629125</u> ④			
1. Entity Name MAGGIE'S BEAUTY SHOP, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>7764-A NW 44 Street</u> Suite, Apt. #, etc.		3. Mailing Address <u>7764-A NW 44 Street</u> Suite, Apt. #, etc.	
City & State <u>Bunn's</u>		City & State <u>Surfside, FL</u>	
Zip <u>33351</u>	Country <u>FL</u>	Zip <u>33351</u>	Country
4. FEI Number <u>592263130</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>MAGGIE CAPELES</u>			
Street Address (Box Number is Not Acceptable) <u>7702 NW 60 Street</u>			
City <u>Tampa</u>		FL	Zip Code <u>33321</u>
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 _____ (NOTE: Registered Agent signature required when reinstating)			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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: <u>Maggie Capelles</u> <u>6/18/2003</u> <u>904-748-2323</u>			

CR2E034B (12/02)