2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 07, 2000 8:00 am DOCUMENT # K 31975 Secretary of State Reca Hair Cutters, Inc. 06-07-2000 90437 001 ***150.00 Miami, FL 33144 miam: El 32172 miami, FL 33172 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4 FEI Number (05-01018 City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chaves, Carmen E. Street Address (P.O. Box Number is Not Acceptable) 75-A Fontainbleau Blud #104 Miami, FL 33172 Zip Code Fi submits this statement for the parpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/99) TITLE ☐.Defete -Chaves, Carmen NAME NAME STREET ADDRESS 875- A Fontainbleau Bld, #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Miami, FL 33172 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP . Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of an address, with all other like empowered. SIGNATURE: SNATURE AND TYPED OR PRINTED NA SIGNING OF FICER ON DIRECTOR