

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90002 002 ***150.00

DOCUMENT # K36578					
1. Entity Name Charo Hair Styling & Boutique, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 16915 N.W. 57th Ave. Suite, Apt. #, etc.			3. Mailing Address 16915 N.W. 57th Ave. Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33055		Country USA		4. FEI Number 65-0074711	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Sibilly, Margarita	
				Street Address (P.O. Box Number is Not Acceptable) 18705 N.W. 78th Pl.	
				City Miami	
				FL Zip Code 33015	
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 <i>Margarita Sibilly</i>		Margarita Sibilly		3-23-04	
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 \$81.25 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 STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
D/P/S/T Sibilly, Margarita 18705 N.W. 78th Pl. Miami, FL 33015					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Margarita Sibilly</i>		Margarita Sibilly		3-23-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				305-625-9089	

Attachment 54056499
#K36578

A quien pueda interesar

Mi nombre es Margarita Sililly. Presidente de
Charo Hair Styling.

les escribo estas lineas para disculparme por no
haberles enviado el pago durante el tiempo
mandatorio, pero yo estube muy enferma y
me ausente del negocio por un tiempo
y la persona que deje se le olvidó.
entregame esta correspondencia, pues se
le había extraviado. por favor les ruego
me excusen de la multa, pues mi negocio
es muy pequeño y una cantidad así
para mí sería desastrosa.
de nuevo les pido disculpas y les agradeceré
de antemano cualquier ayuda.
que Dios le bendiga

Atte:

Margarita Sililly