

2004

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

DOCUMENT # K36578

## 1. Entity Name

Charo Hair Styling &amp; 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, FLZip  
33055

City &amp; State

Miami, FL

Zip  
33055Country  
USACountry  
USA4. FEI Number  
65-0074711Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Sibilly, MargaritaStreet Address (P.O. Box Number is Not Acceptable)  
18705 N.W. 78th Pl.City  
MiamiZip Code  
FL 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

*Margarita Sibilly*

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 \$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  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD/P/S/T  
Sibilly, Margarita  
18705 N.W. 78th Pl.  
Miami, FL 33015TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
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: *Margarita Sibilly* Margarita Sibilly 3-23-04 305-625-9089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54056459

A quien pueda interesar # K36578

Mi nombre es Margarita Sililly. Presidenta de Chavo Hair Styling.

les escribo estos lineos para disculparme por no haberles enviado el pago durante el tiempo mandatono, pero yo estuve muy enferma y me ausente del negocio por un tiempo y la persona que deje' se le olvido entregarle esta correspondencia, pues se le habia extraviado. Por favor les pido me excusen de la multa, pues mi negocio es muy pequeño y una cantidad asi para mi seria desastrosa.

De nuevo les pido disculpas y les ofrobraria de antemano cualquier ayuda.

que Dios le bendiga

atte:

Margarita Sililly