2008

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

FILED	
May 09, 2008 8:00 an	1
Secretary of State	

1. Entity Name		, /	05-09-2008	90007 012 ***15	50.00	
Charo Hair Styling & Bo	nutique Inc					
	Jucique, inc.					
DO NOT WRITE	IN THIS SPACE		-			
DO NOT WRITE	IN THIS SPACE					
		f	46100000			
2. Principal Place of Business	3. Mailing Address		40100083			
	_	th Ave.	1.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	DO NOT WRI	TE IN THIS SPACE		
City & State	City & State		4. FEI Number		Applied For	
Miami, FL	Miami, FL Zip Cou		<u>65-0074711</u>		Not Applicable	
	33055-3921 US	•	5. Certificate of Status Desire	ed See Regu	I	
DO NOT WRITE IN TH			7. Name and Address of Curre			
$\cdot d$	•	Name Sibilly	, Margarita			
	•	Street Address	(P.O. Box Number is Not Accept I.W. 78th Pl.	able)		
	·	18705 N	1.W. 78th Pl.			
*					1	
	*	City		FL Zip Co	de 1 F	
8.: The above named entity submits this statement	for the purpose of changing its	Miami registered office or a	registered agent or both in the S			
and accept the obligations of registered agent.				ate of Florida. I alli ta		
•						
SIGNATURE					<u></u>	
Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Registered A	gent signature required when reinstati	ng) DATE		
	red agent and title if applicable.	(NOTE: Registered A	gent signature required when reinstati		5.00 May Be	
Signature, typed or printed name of register January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		(NOTE: Registered A		inancing \$	5.00 May Be ded to Fees	
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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)(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.

CITY - ST - ZIP

 marganto			Sibilly	4-22-07	305-625-9089
Signature Ánd Typed (OR PRINTED NAME OF	SIGNING OFFICER OR DIRI	ECTOR	Date	Daytime Phone #

CITY - ST - ZIP