2001	UNIFORM	BUSINESS	REPORT	(UBR)

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DOCU	MENT # LOOO	00014562	•			1:11			<b>2</b>
D'GRACE	E PELUQUERIA LLC			·	FILED				f
Principal Plac	ce of Business	Mailing Address			JUL 13 AM 8:4	1			
6113 S.W. 81		6113 S.W. 8TH STREET MIAMI FL 33144		SECE	RETARY OF STATE AHASSEE, FLORIC	<u> </u>			
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2. Principal F	Place of Business	3. Mailing Address 6317 S.W.	ll Str	eet					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SI	PACE		
City & Stat	te	City & State Miami, Flo	rida	<b>4.</b> FE	Number 65-1111771	,		oplied For	
Zip	Country	Zip 33144.	Country Miami-Da	.do 5. Ce	rtificate of Status Desired		5.00 Ad	ditional	
<del></del>	6. Name and Address of Curren	L	_TEGILL DC		me and Address of New	- 4	ee Require		
DEI 00 0			Name						
	ANTOS, ALTAGRACIA O /. 8TH STREET		Street	Address (P.O. Box	Number is Not Acceptab	le)			
MIAMI FL									:
			City	·	<del></del>	FL	Zip Cod	е	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office	or registered agen	t, or both, in the State of F	lorida.			
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	E: Registered Agent sign	ature required when reinst	lating)	t DATE			
SIGNATURE .	Signature, typed or printed name of registered agen		OW!!! FEE IS	\$50.00	100004	<b>4887</b>	0080	104	i ·
SIGNATURE .	Signature, typed or printed name of registered agent	FILE NO Make Check Pa	OW!!! FEE IS	\$50.00	100004 -07/23 *****	<b>4887</b>	*&:1- 0080 *****5	104	i !
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indicated on this report is true and accurate and that my angique shall have the same legal effect as if made under oath; that I all limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ALTAGRACIA) DE LOS SANTOS 7 1 0 1 (305) 984-4580

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #