FILED

Date

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2001 8:00 am Secretary of State **DOCUMENT # L24742** 1. Entity Name BOGY'S HAIR DESIGN, INC. 01-18-2001 90003 026 ***158.75 Principal Place of Business Mailing Address 15370 NW 79 COURT 15370 NW 79 COURT MIAMI LAKES FL 33016-5850 MIAMI LAKES FL 33016-5850 POTOROTOL 2. Principal Place of Business Mailing Address ⊀ 901 NE 125th Street 100 Suite Apt. #, etc. Suite # 103 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0154662 North Miami, Not Applicable Zip Country \$8.75 Additional 以 5. Certificate of Status Desired 33161 Fee Required U.S.A 6. Name and Address of Current Registered Agent ≈7:-Name and Address of New Registered Agent JOSEPH PATERNOSTRO TORRES, ROLANDO JESUS O. Box Number is Not Acceptable) E. 125th Street, Suite 8245 N.W. 191 STREET, APT #A 103 **MIAMI FL 33015** NORTH MIAMI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE Change TITLE TORRES, ROLANDO JESUS NAME NAME STREET ADDRESS STREET ADDRESS 3702 WEST 2ND AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Delete TITLE Change Addition TITLE NAME PENA, MARIBEL D NAME STREET ADDRESS STREET ADDRESS 15370 NW 79 CT MIAMI LAKES FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME 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 with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR