2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004079

1. Entity Name
SALON BARBARITA, L.L.C.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156	9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156-2714

2. Principal Place of Business	3. Mailing Address
12360 SW 83 Ave	12360 SW 83 Ave
Suite, Apt. #, etc. Suite # 210	Suite, Apt. #, etc. Suite # 210
City & State Miami, FL	City & State Miami, FL
Zip 33186 Country USA	Zip 33186 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932418 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUEVAS, ANDREW ESQ. C/O CUEVAS & RUBIN, P.A. 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE Andrew Cuevas — 01/04/99 DATE

Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADRIANA MEJIA TALERO 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSA ARDILA KURIMOTO 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156 ☑ Delete	TITLE MGRM NAME LUIS CARLOS MEJIA. STREET ADDRESS 7441 Wayne AV. # 4E CITY-ST-ZIP MIAMI FLA. 33141	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003282741--1 -06/03/00--01038-015 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE ON FILE — X 01/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #