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

DO NOT WRITE IN THIS SPACE

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

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Luis Carlos Mejia. 7441 Wayne AV. # 4E 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--01036-015 *****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 Adriana Mejia X 01/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #