

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M12453

1. Entity Name

CHANGES HAIRCUTTERS, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90461 045 ***158.75

Principal Place of Business

15438 NW 77 COURT
MIAMI FL 33016
US

Mailing Address

15438 NW 77 COURT
MIAMI FL 33016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2610113

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADRIGAL, ARMANDO
4160 WEST 16 AVENUE
HIALEAH FL 33012

Name BARBARA ORTIZ

Street Address (P.O. Box Number is Not Acceptable)

13901 LAKE SUCCESS PLACE

City MIAMI LAKES FL Zip Code 33014

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ORTIZ, BARBARA
STREET ADDRESS 13901 LAKE SUCCESS PLACE
CITY-ST-ZIP MIAMI FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD
NAME ORTIZ, ENRIQUE C.
STREET ADDRESS 13901 LAKE SUCCESS PLACE
CITY-ST-ZIP MIAMI FL 33014

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☐ Change ☐ Addition

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 an other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA ORTIZ 4-23-01 305-825-9593

PD

Date

Daytime Phone #

CR2E034 (10/00)