

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90004 030 ***150.00

DOCUMENT # P000000013860

1. Entity Name

HAIR EXCEPTIONS of Miami, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

692 WEST 29 ST

Suite, Apt. #, etc.

SUITE #9

City & State

MIALEAH, Florida

Zip

33012

Country

USA

3. Mailing Address

5472

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1000932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DEL CASTILLO, ANGELA M

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

11124 SW 138 CT

City

MIAMI

FL

Zip Code

33186

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) ☐

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DEL CASTILLO, ANGELA M 11124 SW. 138 CT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02

305-887-5018

CR2E034B (12/01)

Attachment
P00000013860 / 675769

Hair exceptions of Miami, Inc.

692 West 29 Street

Suite # 9

Hialeah, Fl, 33012

(305)887-5018

Hialeah, July 24th, 2002

Division of Corporation

P.O. Box 1500

Tallahassee, Fl 32302-1500

Ref: Document # P00000013860

This note is to explain that I never received the forms to fill the UBR 2002 and I am late in the payment of my corporation.

I have moved from the address that you have registered in your records, this is I think the reason why I did not receive the form.

Please take notice of my new address, I completely forgot about this until now that my bookkeeper told me to renew it.

PLEASE ACCEPT MY PAYMENT AND LATENESS I am sending a check for 150.00 that is payment for 2002

Please take note of the new address:

Hair exceptions of Miami, Inc.

692 West 29 Street

Suite # 9

Hialeah, Fl, 33012


Angela del Castillo
President