

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90002 013 ***550.00

DOCUMENT # P00000015331

1. Entity Name

SPICED HAIR CONCEPTS CORPORATION

Principal Place of Business

8311 SW 142 AVE APT I-110
 MIAMI FL 33183

Mailing Address

8311 SW 142 AVE APT I-110
 MIAMI FL 33183

2. Principal Place of Business

1180 SW 6 ST

3. Mailing Address

1180 SW 6 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

65-0992337

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LABRADOR, EDILSO
 8311 SW 142 AVE APT I-110
 MIAMI FL 33183

7. Name and Address of New Registered Agent

Name LABRADOR EDILSO

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

1180 SW. 6 ST.

City

MIAMI

FL

Zip Code

33130

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]

EDILSO LABRADOR

8/24/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LABRADOR, EDILSO	
STREET ADDRESS	8311 SW 142 AVE APT I-110	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABRADOR, ELSA	
STREET ADDRESS	BARRIO SIMON BOLIVAR CALLE 15 CON AVENIDA	
CITY-ST-ZIP	VENEZUELA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, EDILSO	
STREET ADDRESS	1180 SW. 6 ST.	
CITY-ST-ZIP	MIAMI, FL., 33130	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, ELSA	
STREET ADDRESS	BARRIO SIMON BOLIVAR CALLE 15	
CITY-ST-ZIP	CON AVENIDA 99J, VENEZUELA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an office like empowered.

SIGNATURE: *[Signature]*

EDILSO LABRADOR
 PRESIDENT

8/24/01

(305) 859-9487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)