## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

P00000029494 DOCUMENT #



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**FILED** May 29, 2003 8:00 am Secretary of State

05-01-2003 90776 046 \*\*\*150.00

Principal Place of Business   1300 NW 87TH COURT   1300 NW 97TH COURT	1. Entity Nar SHIRLEY	'S HAIR DESIGN, INC.								
Suite, Apt. #, etc.  City & State  City & St	11300 N.W. 87TH COURT SUITE #160		11300 N.W. 87TH COURT SUITE #160			Division PO.Box	of (	Orp Tal	orati Vahass	on e 7 3230
City & State  Ci	2. Principal F	Place of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·	i i <b>gr</b> ii <b>re</b> t esi <b>oo</b> fili <b>ed</b> iii <b>ed</b> ii	1 <b>30</b> 111 <b>30114</b> 11	110 (Biát Bío10	(AIN OIAI IRD)	
Section   Sect	Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
BOIZART, NURYS Street Address (P.O. Box Number is Not Acceptable)  Str	City & Star	te	City & State		4.	001092382				,
BOIZART, NURYS 11300 N.W. 87TH COURT SUITE 4160 HIALEAH GARDENS FL 33018  City  City  FL  Zip Code  8. The abover numeral entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and registered agent and registered agent and primad name of ingestered agent and registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce	Zip	Country	Zip	Country	5.	Certificate of Status Desired				
BOIZART, NURYS 11300 N.W. 87TH COURT SUITE #160 HIALEAH GAPDENS FL 33018  B. The above numed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or title / agriculable (nOTE Registered Agent Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent on title / agriculable (nOTE Registered Agent age		6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent					
Sirient Address (P.O. Box Number is Not Acceptable)  Sirient 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis		والمرابعة فالمحارب والمستحدد والمستحد والمستحدد والمستحد	بالمام المتكليبين بالمتهامين المتالية الم	Name	· <del></del>				=	
### PIALEAH GARDENS FL 33018    City   FL   Zip Code				Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Sopetime indeed or prised name of registered agent work like if applicable   (NOTE Registered Agent segnature required when initiatating)   DATE										
THE CONTROLLER STANDERS CITY-ST-ZP CITY-ST-Z										
Sympton, under of impatement agreement of impatement of	8. The above the obligat	enamed entity submits this statement for the tions of registered agent.	ne purpose of changing its re	egistered office or r	egistered aç	gent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State    Po	SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature	required when	einstating)	DATE		<b>=</b>	
TITLE NAME BOIZART, NURYS   Delete   NAME   STREET ADDRESS   STREET ADDRESS   Delete   NAME   Delete   NAME   STREET ADDRESS   DELETE   DELETE   DELETE   NAME   STREET ADDRESS   DELETE   DELETE   DELETE   NAME   STREET ADDRESS   STREET ADDRE	After May 1, 2003 Fee will be \$550.00				· · · · · · ·					
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NAME STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33018 CITY-ST-ZIP TITLE RODRIGUEZ_YADEIRA STREET ADDRESS CITY-ST-ZIP TITLE RODRIGUEZ_YADEIRA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	BOIZART, NURYS 11300 N.W. 87TH COURT	☐ Delete	NAME STREET ADDRESS				Change	Addition	CR2E034 (10/02)
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE REQUIRED