

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047144

1. Entity Name

HAIRLIGHTS SALON SPA, INC.

Principal Place of Business

1100 S.W. 126 PLACE
MIAMI FL 33184

Mailing Address

1100 S.W. 126 PLACE
MIAMI FL 33184

2. Principal Place of Business

11329 NW 46 lane

3. Mailing Address

11329 NW 46 lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

DADE

Zip

33178

Country

DADE

6. Name and Address of Current Registered Agent

CERDA, ALEXANDER
1100 S.W. 126 PLACE
MIAMI FL 33184

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	CERDA, ALEXANDER	
STREET ADDRESS	1100 S.W. 126 PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAMAYO, RAFAEL J	
STREET ADDRESS	1100 S.W. 126 PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander Cerda	
STREET ADDRESS	11329 NW 46 lane	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL J. Tamayo	
STREET ADDRESS	11329 NW 46 lane	
CITY-ST-ZIP	Miami, FL 33178	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-01

305 401-0041

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90182 007 ***158.75

C0046494



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)