

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90168 015 \*\*\*158.75

0208670 AV

**DOCUMENT # P00000052190**

1. Entity Name  
**MALFER HAIR SALON, INC.**



Principal Place of Business  
**1510 NW 3RD ST. SUITE 5  
MIAMI FL 33125**

Mailing Address  
**1510 NW 3RD ST. SUITE 5  
MIAMI FL 33125**



2. Principal Place of Business

3. Mailing Address

**49-085W 154 place**

**49-085W 154 place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**House.**

**House.**

City & State

City & State

**Miami - FL**

**Miami - FL**

Zip

Country

Zip

Country

**33185**

**U.S.A.**

**33185**

**U.S.A.**

4. FEI Number **65-1034157**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALFEREZ, MAURICIO**

**1510 NW 3RD ST, SUITE 5  
MIAMI FL 33125**

Name

**MAURICIO ALFEREZ**

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

**49-085W 154 place**

City

**Miami**

FL

Zip Code

**33185**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-07-03.**

**FILE NOW!!! FEE IS \$450.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALFEREZ, MAURICIO</b>	
STREET ADDRESS	<b>1510 NW 3RD ST, SUITE 5</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
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
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALFEREZ MAURICIO</b>	
STREET ADDRESS	<b>49-085W 154 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI - FL 33185</b>	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAURICIO ALFEREZ**

Date

Daytime Phone #

**04-07-03. (305) 2078311**

CR2E034 (10/02)