

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

03-06-2001 90305 050 ***150.00

0141998 SP

DOCUMENT # P0000057511

1. Entity Name
PUIG HAIR STUDIO CORP.

Principal Place of Business
**1925 BRICKELL AVENUE
 STE. D-302
 MIAMI FL 33129**

Mailing Address
**1925 BRICKELL AVENUE
 STE. D-302
 MIAMI FL 33129**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-1033898

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PUIG, JORGE L
 18810 NW 51ST AVENUE
 MIAMI FL 33055**

7. Name and Address of New Registered Agent
 Name **PUIG, JORGE L.**
 Street Address (P.O. Box Number is Not Acceptable)
251 172 ST. APT. 327
 City **SUNNY ISLES BEACH FL** Zip Code **33160-3431**

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]* **Jorge L. Puig - President** **07/13/01**
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 Imangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	<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	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	PUIG, JORGE L.
CITY-ST-ZIP	251 172 ST APT. 327
	SUNNY ISLES BEACH, FL 33160-3431
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE-PRESIDENT
STREET ADDRESS	PADRON, MEDARDO
CITY-ST-ZIP	18001 N. BAY ROAD
	SUNNY ISLES, BEACH, FL 33160
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	PUIG, MIGUEL
CITY-ST-ZIP	251 172 ST. APT. 327
	SUNNY ISLES BEACH, FL 33160-3431
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]* **Jorge L. Puig** **07/13/01** **305-858-7709**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

attachment 10081
PH# P00000057571

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

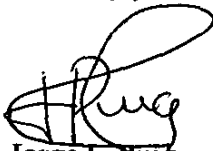
Ref: Puig Hair Studio, Corp.
EIN 65-1033898

Dear Sirs:

I am sending you the **2001 Uniform Business Report** with the detail of the Officers and Directors that were missing on the previous form we sent to you on March 1st, 2001. Also I am sending copy of the check for the payment of this year, which was sent to you on time. As you can see our payment was not sent late so I think that right now the Corporation doesn't owe any amount to the Division on Corporations. I apologize for any inconvenience this may cause you. If you need further information, please don't hesitate to contact me at the address of the Corporation.

Thank you in advance for your attention to this matter.

Sincerely yours,



Jorge L. Puig
President

Hair Puig Studio, Corp.
1925 Brickell Ave. Ste. D302
Miami, FL 33129

PUIG HAIR STUDIO CORP
1925 BRICKELL AVE SUITE D302
MIAMI FL 33129

63-8413/2670
3903317846
816775134
DATE 3/1/2001

Attachment
P00000057511
10091

PAY TO THE
ORDER OF

DEPARTMENT OF STATE

\$ 150.00

ONE HUNDRED FIFTY AND 00/100

DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Miami Beach/Winston Towers Financial Center 1745
17395 North Bay Road 1-800-766-7000
Sunny Isles, FL 33160 24 hour Customer Service

NOTES

P00000057511

W. Fernando Padron

⑆267084⑆31⑆380⑆33⑆784⑆6⑆⑆0.34⑆⑆0000015000⑆

The amount hereon payable is in full payment of the account of the payee named above. This check is not valid unless countersigned by the payee. If the payee is a corporation, this check is not valid unless countersigned by an authorized officer or agent of the corporation. If the payee is a partnership, this check is not valid unless countersigned by an authorized partner of the partnership. If the payee is an individual, this check is not valid unless countersigned by the individual. If the payee is a government or governmental entity, this check is not valid unless countersigned by an authorized officer or agent of the government or governmental entity.

MR. [REDACTED] 09

BANK OF AMERICA NA JAX
⑆0630000474 E4914 90 P08
03/01/01

DO NOT WRITE MAR 05 2001 BELOW THIS LINE
RE: SERVICE CENTER FOR FEDERAL INSTITUTIONS

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796

FIND HERE