

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076990 Amended  
Entity Name  
SAFARI CUTS INC.

Principal Place of Business Mailing Address  
632 S.W. 22nd. Avenue 632 S.W. 22nd. Avenue  
Miami, Florida 33135 Miami, Florida 33135

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

Garcia, Jacqueline  
632 S.W. 22nd. Avenue  
Miami, Florida 33135

4. FEI Number 65-0175381 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name Gonzalez, Marco T.  
Street Address (P.O. Box Number is Not Acceptable)  
632 S.W. 22nd. Avenue  
City Miami FL Zip Code 33135

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 DATE 7/17/02  
(NOTE: Registered Agent signature required when reinstating)

1. 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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARCIA, JACQUELINE 632 S.W. 22nd. Avenue Miami, Florida 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, MARCO T. 632 S.W. 2nd. Avenue Miami, Florida 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400007117684-2 -08/14/02--01083--009 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 7/17/02 305 643 2006