

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90948 019 ***150.00

DOCUMENT # P00000085746

1. Entity Name
CARMEN DESIGNER'S HAIR STYLIST, INC.

Principal Place of Business 1063 SW 8TH STREET MIAMI FL 33135	Mailing Address 1063 SW 8TH STREET MIAMI FL 33135
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2. Principal Place of Business 1063 SW 8TH STREET	3. Mailing Address 199 SW 12TH AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 11
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City & State MIAMI, FL	City & State MIAMI, FL
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4. FEI Number 52-2265039	Applied For <input type="checkbox"/> Not Applicable
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Zip 33135	Country USA	Zip 33130-1056	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTI, CARMEN E
1063 SW 8TH STREET
MIAMI FL 33135**

Name JORGE E. OYARCE
Street Address (P.O. Box Number is Not Acceptable) % JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES 199 SW 12TH AVENUE, SUITE 11
City MIAMI FL Zip Code 33130-1056

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  **Jorge E. Oyarce** DATE **4/23/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D/T/S	<input type="checkbox"/> Delete
NAME MARTI, CARMEN	
STREET ADDRESS 127 SW 19TH AVENUE, APT. 5	
CITY-ST-ZIP MIAMI, FL 33135	
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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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
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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:  **CARMEN MARTI, PRESIDENT** DATE **4/23/01** DAYTIME PHONE # **305-324-2248**

CR2E034 (10/00)