

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -5 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000026300**  
1. Entity Name  
**BARBARA-ADELENA-BEAUTY SALON INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2050 W 56 ST #26**  
Suite, Apt. #, etc.

3. Mailing Address  
**5539 W 22 CT.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**HIALEAH FL**  
Zip  
**33016**  
Country  
**U.S.A**

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**U.S.A**

4. FEI Number  
**65-1094973**  
Applied For  
 Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**MARIA ELENA SALCEDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**5539 W 22 CT.**  
City  
**HIALEAH** FL Zip  
**33016**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **06/02/03**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D SALCEDO, MARIA ELENA  
5539 W 22 ST.  
HIALEAH, FLA 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**600020539696  
06/05/03--01024--002 \*\*150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **06/02/03** Daytime Phone #

CR2E034B (12/02)

MAY 14, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

I THE UNDERSIGNED MARIA ELENA SALCEDO WHO RESIDES AT 5539 WEST  
22 CT., HIALEAH, FLORIDA, 33016 BY THIS MEANS CERTIFY:

THAT I AM THE OWNER OF: BARBARA-ADELENA BEAUTY SALON INC.

THAT I HAVE NOT RECEIVED THE 2002 UNIFORM BUSINESS REPORT.

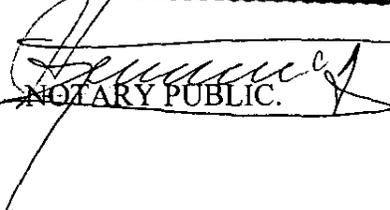
I WOULD LIKE TO RECEIVE FURTHER MAIL TO MY HOME ADDRESS AT 5539  
WEST 22 CT. HIALEAH, FLORIDA, 33016.

AND TO VERIFY THE ABOVE INFORMATION I AM SIGNING THIS LETTER IN  
FRONT OF A NOTARY PUBLIC OF THE STATE OF FLORIDA.

  
MARIA ELENA SALCEDO

STATE OF FLORIDA  
COUNTY OF DADE  
SWORN AND SUBSCRIBED BEFORE ME  
THIS MAY 14 OF THE YEAR 2003



  
NOTARY PUBLIC.