

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO1000026300**

1. Entity Name

BARBARA-ADELENA-BEAUTY SALON INC



FILED

03 JUN -5 PM 1:22

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2050 W 56 ST #26

3. Mailing Address

5539 W 22 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-1094973

Applied For

Not Applicable

Zip

33016

Country

U.S.A

Zip

33016

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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]

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/02/03

DATE

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/03

Date

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.