

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90095 046 \*\*\*158.75

**DOCUMENT # P01000040613**

1. Entity Name  
**HAIR OLE, INC.**

Principal Place of Business  
**44 CURTIS PKWY**  
**MIAMI SPRINGS FL 33166**

Mailing Address  
**44 CURTIS PKWY**  
**MIAMI SPRINGS FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**30-0041588**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, LYANN F**  
**44 CURTIS PKWY**  
**MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent

Name **Maria Basulto**  
 Street Address (P.O. Box Number is Not Acceptable) **5313 Collins Avenue #611**  
 City **Miami Beach** FL Zip Code **33140**

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 **maria Basulto, Vice President** **2/28/02**  
(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 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PEREZ, LYANN F</b> <b>233 HIBISCUS DR.</b> <b>MIAMI SPRINGS FL 33166</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Zoila Basulto</b> <b>7948 NW 188th Lane</b> <b>Miami, FL 33015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BASULTO, ZOILA</b> <b>7948 NW 188TH LANE</b> <b>MIAMI FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>maria Basulto</b> <b>Vice President</b> <b>5313 Collins Ave. #611</b> <b>Miami Beach, FL 33140</b> <input type="checkbox"/> Change <input checked="" 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: **Zoila Basulto**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/02**  
 Date

**(305) 885-3828**  
 Daytime Phone #

CR2E034 (9/01)