

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000040613

1. Entity Name

HAIR Ole, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

44 CORTISS PRKWAY

3. Mailing Address

44 CORTISS PARK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI SPRINGS FL

City & State

MIAMI SPRINGS FL

4. FEI Number

30-0041588

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA A BASUITO

Street Address (P.O. Box Number is Not Acceptable)

7948 NW 188 LANE

City

MIAMI LAKES

FL

Zip Code

33015

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Maria A. Basuito Vice President 5/20/03

January 1 - May 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 | <u>PD ZOILA BASUITO</u> |
| NAME | <u>7948 NW 188 LANE</u> |
| STREET ADDRESS | <u>MIAMI FLA. 33015.</u> |
| CITY-ST-ZIP | |
| TITLE | <u>VD MARIA A. BASUITO</u> |
| NAME | <u>7948 NW 188 LANE</u> |
| STREET ADDRESS | <u>MIAMI LAKES, FLA. 33015.</u> |
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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:

Maria A. Basuito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

(305) 885-3828

Daytime Phone #

CR2E034B (12/02)