

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91274 007 ***150.00

DOCUMENT # P01000050133

1. Entity Name
DECO DRIVE HAIR CORPORATION



Principal Place of Business
5182 N.W. 17TH AVENUE
MIAMI FL 33142

Mailing Address
5182 N.W. 17TH AVENUE
MIAMI FL 33142

2. Principal Place of Business

19922 N.W. 2 Ave

3. Mailing Address

19922 N.W. 2 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33169

City & State

Miami FL 33169

Zip

33169-2904

Country

Zip

3169-2904

Country

4. FEI Number

01-0678624
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHAMED, ABDALLA

498 N.W. 165TH STREET #D207

MIAMI FL 33169

Name

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

5182 N.W. 17 Ave

City

Miami

FL

Zip Code

33142

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **MOHAMED, ABDALLA**
STREET ADDRESS **498 NW 165TH STREET #D207**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5182 N.W. 17 Ave**
CITY-ST-ZIP **Miami FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, 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

MOHAMED ABDALLA

04/22/03

(305) 651-9955

Date

Daytime Phone #

CR2E034 (10/02)