

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000053688

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

Entity Name: VIA AIDA SALON INCORPORATED

**Current Principal Place of Business:**

8701 COLLINS AVENUE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

8701 COLLINS AVENUE  
MIAMI BEACH, FL 33154

**Current Mailing Address:**

8701 COLLINS AVENUE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

8701 COLLINS AVENUE  
MIAMI BEACH, FL 33154

FEI Number: 65-1110937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DORSA, RENEE F  
5005 COLLINS AVENUE #1522  
MIAMI BEACH, FL 33140

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DORSA, IDA F  
Address: 136 BAY RIDGE AVENUE  
City-St-Zip: BROOKLYN, NY 11220

Title: D ( ) Delete  
Name: DORSA, RENEE F  
Address: 5005 COLLINS AVENUE #1522  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DORSA, IDA F  
Address: 136 BAY RIDGE AVENUE  
City-St-Zip: BROOKLYN, NY 11220

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE F. DORSA

D

04/26/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date