2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2002 8:00 am
Secretary of State
08-27-2002 90118 029 ***558.75

DOCUMENT # P01000056540

1. Entity Name
VANITY HAIR DESIGN INC.

Principal Place of Business
6853 BOUGANVILLA CRESCENT DR
ORLANDO FL 32809

Mailing Address
6853 BOUGANVILLA CRESCENT DR
ORLANDO FL 32809

43027

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6799 South Kirkman Rd.
Suite, Apt. #, etc.
City & State: Orlando FL.
Zip: 32819 Country: Orange

3. Mailing Address: 6853 Bouganvilla Crest
Suite, Apt. #, etc.: DR.
City & State: ORL. FL.
Zip: 32809 Country: Orange

4. FEI Number: 522341913 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANCILLA, JACQUELINE PENALOZA
6853 BOUGANVILLA CRESCENT DR
ORLANDO FL 32809

7. Name and Address of New Registered Agent
Name: Jacqueline Penaloza M.
Street Address (P.O. Box Number Is Not Acceptable): 6853 Bouganvilla Crest Dr.
City: Orlando FL Zip Code: 32809

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: Jacqueline Penaloza M. President of th Company.
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 $550.00
After September 13, 2002 Fee will be $750.00
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

TITLE	President
NAME	Jacqueline Penaloza M.
STREET ADDRESS	6853 Bouganvilla Crest DR. ORL. 32809
CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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: Jacqueline Penaloza - (407) 903-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #