

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91344 011 ***150.00

DOCUMENT# P01000093152

1. Entity Name

SALAO BRASIL UNISEX HAIRSTYLIST, INC.

Principal Place of Business

**700 - A S. FEDERAL HWY
 DEERFIELD BEACH FL 33441**

Mailing Address

**700 - A S. FEDERAL HWY
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-1138804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AQUILINO, JULIANA
 3961 N. FEDERAL HWY
 POMPANO BEACH FL 33064**

7. Name and Address of Now Registered Agent

Name
PATRICIO-GONCALVES, MARLENE

Street Address (P O Box Number is Not Acceptable)
700 - A S. FEDERAL HWY

City
DEERFIELD BEACH FL

Zip Code
FL 33441

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

Marlene Patricia Goncalves

05/02/02

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

<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME P PATRICIO-GONCALVES, MARLENE</p> <p>STREET ADDRESS 700- A S. FEDERAL HWY</p> <p>CITY - ST - ZIP DEERFIELD BEACH FL 33441</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME 1</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME V FERNANDES, EUCI</p> <p>STREET ADDRESS 700-A S. FEDERAL HWY</p> <p>CITY - ST - ZIP DEERFIELD BEACH FL 33441</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	
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<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	
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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 qualified 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:

Marlene Patricia Goncalves
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/02

Date

Daytime Phone #