

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90202 047 ***150.00

DOCUMENT # P01000095403

1. Entity Name
HAIR BEAUTY SALON, INC.

Principal Place of Business
5205 SW 3RD AVE
CAPE CORAL FL 33914

Mailing Address
5205 SW 3RD AVE
CAPE CORAL FL 33914

2. Principal Place of Business
4720 SE 15TH AVE
 Suite, Apt. #, etc.
118

3. Mailing Address
5205 SW 3RD AVE
 Suite, Apt. #, etc.
CAPE CORAL

City & State
CAPE CORAL FL
 Zip
33904 Country
Lee

City & State
CAPE CORAL FL
 Zip
33914 Country
Lee

4. FEI Number
65-1150824
 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
CAMPOS, KARLA
5205 SW 3RD AVE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS, KARLA 5205 SW 3RD AVE CAPE CORAL FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Karla Campos**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02

Date Daytime Phone #

CR2E034 (4/02)

Attachment
ID# P01000095403

7-20-02

Hi, my name is Karla y Campos
the president of this corporation
Hair Beauty Salon inc.

I call to your office and spoke to some Guy.
with the form I am sending back there was
an other form or information paper in the
frequently asked Question # 8
it said that if the corporation did not
received the prior notice, the late fee
can be waived.

I spoke to some body on the phone and he
told me to write this letter, I hope
I did it all right. that's why I sending
only one hundred and fifty dollar
because that's the amount he told me
to send.

Thanks att

Karla y Campos

Karla y Campos