2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like e

Apr 18, 2002 8:00 am Secretary of State P01000116801 DOCUMENT # 1. Entity Name 04-18-2002 90481 041 ***150.00 ROSI BEAUTY SALON, INC. Mailing Address Principal Place of Business 140 S.W. 16TH AVE. 140 S.W. 16TH AVE. **MIAMI FL 33135 MIAMI FL 33135** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-11 Not Applicable \$8.75 Additional Zin Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOCORRO, ROSA M Street Address (P.O. Box Number is Not Acceptable) 140 S.W. 16TH AVE. **MIAMI FL 33135** Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 111. Change ☐ Addition TITLE TITLE ☐ Delete SOCORRO, ROSA M NAME NAME 140 S.W. 16TH AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ .CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED