

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 21, 2003 8:00 am
Secretary of State

04-18-2003 90228 006 ***150.00

DOCUMENT # P02000001739

1. Entity Name
INTERNATIONAL BEAUTY SERVICE, INC.



Principal Place of Business
**9961 NW 9TH STREET CIR. #9
MIAMI FL 33172**

Mailing Address
**9961 NW 9TH STREET CIR. #9
MIAMI FL 33172**

55042599



2. Principal Place of Business
9961 NW 95th Cir.

Suite, Apt. #, etc.
A

3. Mailing Address
9961 NW 95th Cir.

Suite, Apt. #, etc.
9

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida

Zip
33172

Country
USA

City & State
Miami, Florida

Zip
33172

Country
USA

4. FEI Number
90-000 2913

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ FRANCISCO
9961 NW 9TH STREET CIR. #9
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **Francisco Gonzalez**

Street Address (P.O. Box Number is Not Acceptable)

9961 NW 95th Cir #9

City **Miami, Florida**

FL

Zip Code **33172**

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

Francisco Gonzalez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GONZALEZ FRANCISCO**
STREET ADDRESS **9961 NW 9TH STREET CIR. #9**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VD** ☐ Delete
NAME **CASTILLEJO, CARLA**
STREET ADDRESS **9961 NW 9TH STREET CIR. #9**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francisco Gonzalez **Francisco Gonzalez** **04/13/03 305207646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)