

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90121 010 ***150.00

DOCUMENT # P02000003466

1. Entity Name
BELLA BELLA SALON INC.



Principal Place of Business
**15280 JOG ROAD
SUITE I
DELRAY BEACH FL 33484**

Mailing Address
**200 WEST CORAL TRACE CIRCLE
DELRAY BEACH FL 33445**



2. Principal Place of Business

3. Mailing Address
133 N. Pompano Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
308

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Pompano Bch

4. FEI Number

01-0569464

Applied For

Not Applicable

Zip

Country

Zip

33062

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERES, POLA
200 WEST CORAL TRACE CIRCLE
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name
Peres, Pola
Street Address (P.O. Box Number is Not Acceptable)
133 N. Pompano Bch Blvd #308
City
Pompano Bch FL Zip
33062

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

(Signature of Pola Peres)

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SANTOS, NILDA C
133 NORTH POMPAO BEACH BLVD. #308
POMPAO BEACH FL 33062** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PERES, POLA
200 WEST CORAL TRACE CIRCLE
DELRAY BEACH FL 33445** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

(Signature of Pola Peres)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/03

Date

Daytime Phone #

CR2E034 (10/02)