FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90070 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000016719

1. Entity Name
HAIR WORKS BY ROBERT & ODA, INC.

70027650

Principal Place of Business
8951 SW 193RD STREET
MIAMI, FL 33018

Mailing Address
8951 SW 193RD STREET
MIAMI, FL 33018

2. Principal Place of Business: 8591 N.W. 186th St.
Suite, Apt. #, etc.: Suite # 121
City & State: Miami, Florida
Zip: 33015 Country:

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 81-0600353 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANTANA, FRANCIS X ESQ
28 WEST FLAGLER STREET STE 400
MIAMI, FL 33130

7. Name and Address of New Registered Agent
Name: Robert Ramirez
Street Address (P.O. Box Number is Not Acceptable): 8591 N.W. 186th St., #121
City: MIami FL Zip Code: 33015

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]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
DP RAMIREZ, ROBERT B 8951 SW 193RD STREET MIAMI, FL 33018		☐ Delete
DS FERNANDEZ, ODA 8951 SW 193RD STREET MIAMI, FL 33018		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
PD Robert B. Ramirez 8591 N.W. 186th St. #121 Miami, Florida 33015	☒ Change	☐ Addition
VPDS Odayfelle Fernandez 8591 N.W. 186th St., #121 Miami, Florida 33015	☒ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

CR2E034 (10/02)

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: Fernandez]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #