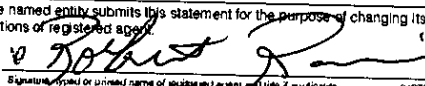
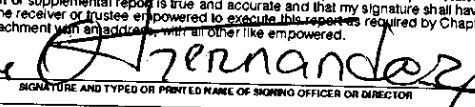


FILED
Mar 13, 2003 8:00 am
Secretary of State

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.			
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.		3. Mailing Address Same	
Suite, Apt. #, etc. Suite # 121		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33015		Country	
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, State, Zip Miami FL 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 		DATE	
FILE NOW!!! FEE IS \$160.00 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DP RAMIREZ, ROBERT B 8951 SW 193RD STREET MIAMI, FL 33018 ☐ Delete		PD Robert B. Ramirez ☒ Change ☐ Addition 8591 N.W. 186th St Miami, Florida 33015 #121	
DS FERNANDEZ, ODA 8951 SW 193RD STREET MIAMI, FL 33018 ☐ Delete		VPDS Odayfelle Fernandez ☒ Change ☐ Addition 8591 N.W. 186th St., #121 Miami, Florida 33015	
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR		Daytime Phone #	

70027650



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)