## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000021878

Entity Name: MELA'S HAIR AND BEAUTY INC.

FILED Nov 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1391 LYONS ROAD

COCONUT CREEK, FL 33063 US

**Current Mailing Address: New Mailing Address:** 

1391 LYONS ROAD

COCONUT CREEK, FL 33063 US

FEI Number: 02-0561269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESCOBAR, LUIS 6209 W COMMERCIAL BLVD

TAMARAC, FL 33319 US

IBRAGIMOV, OURIEL 1391 LYONS ROAD US

COCONUT CREEK, FL 33063

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.

SIGNATURE: OURIEL IBRAGIMOV 11/19/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS () Delete Title: PDTS (X) Change ( ) Addition

IBRAGIMAV, OURIEL IBRAGIMOV, OURIEL Name: Name: 1391 LYONS ROAD 1391 LYONS ROAD Address: Address:

City-St-Zip: COCONUT CREEK, FL 33063 US City-St-Zip: COCONUT CREEK, FL 33063 US

( ) Delete Title: Title: (X) Change ( ) Addition

KALANTAROV, LUDMELA KALANTAROV, LUDMILA Name: Name: 1391 LYONS ROAD Address: 1391 LYONS ROAD Address:

COCONUT CREEK, FL 33063 US COCONUT CREEK, FL 33063 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OURIEL IBRAGIMOV **PDTS** 11/19/2009