

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90046 018 \*\*\*150.00

<b>DOCUMENT #</b>	P02000021878
<b>1. Entity Name</b>	Mela's Hair and Beauty, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1391 Lyons Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Coconut Creek, FL	
Zip	Country
33063-3908	

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>Applied For</b>
02-0561269	Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b>
Luis Escobar
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
1391 Lyons Road
<b>City</b>
Coconut Creek
<b>FL</b>
<b>Zip Code</b>
33063

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PVTSO
<b>NAME</b>	Ouriel Ibragimav
<b>STREET ADDRESS</b>	1391 Lyons Road
<b>CITY-ST-ZIP</b>	Coconut Creek, FL 33063
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

President

7/14/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #