

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

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # P02000032572

1. Entity Name

GALA BEAUTY SALON CORP.

05-03-2004 90710 033 ***150.00

DO NOT WRITE IN THIS SPACE

44043585

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1163 West 68 Street

3. Mailing Address
1163 West 68 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah Florida

City & State
Hialeah Florida

4. FEI Number 02-0575122

Applied For
Not Applicable

Zip 33014

Country USA

Zip 33014

Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RAMIREZ, MARTHA GLORIAA

Street Address (P.O. Box Number is Not Acceptable)

417 East 56 Street

City Hialeah FL Zip Code 33013

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE DP
NAME RAMIREZ, MARTHA GLORIA
STREET ADDRESS 417 East 56 Street
CITY-ST-ZIP Hialeah Florida 33013

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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martina Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (305) 360-9139
Date Daytime Phone #

CR2E034R (12/01)