

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90020 047 ***150.00

DOCUMENT # P02000040238

1. Entity Name
BELLEZA HAIR GALLERY, INC.



Principal Place of Business

462 KINGSLEY AVE.
SUITE 101
ORANGE PARK, FL 32073

Mailing Address

1692 ASHWOOD CIR.
MIDDLEBURG, FL 32068

04020444

2. Principal Place of Business

2245 PLANTATION CTR DR

3. Mailing Address

1539 LINKSIDE DR

Suite, Apt. #, etc.

SUITE 24

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

01-0669318

Applied For

Not Applicable

Zip

32003

Country

Zip

32003-7767

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOLSON, JOHN F JR.
462 KINGSLEY AVE.
SUITE 101
ORANGE PARK, FL 32073

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 P ☐ Delete
NAME SARMENTO, RIZALINA
STREET ADDRESS 1692 ASHWOOD CIR
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE P ☒ Change ☐ Addition
NAME SARMENTO, RIZALINA
STREET ADDRESS 1539 LINKSIDE DR
CITY-ST-ZIP ORANGE PARK, FL 32003-7767

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rizalina Sarmento
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04

Date

(904) 269-6141

Daytime Phone #