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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cc/aus
Art Correction
10 6/18/10

COVER LETTER

TO: - Amendment Section
Division of Corporations

SUBJECT: LATIN AMERICA HAIR TEAM INC

Name of Corporation

DOCUMENT NUMBER: P02000041583

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORALIS SANTANA

Name of Contact Person

LATIN AMERICA HAIR TEAM INC

Firm/Company

3W
3802 KOCERIK ST

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

nsantana23@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORALIS SANTANA

Name of Contact Person

at (305) 778-7672

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

LATIN AMERICA HAIR TEAM, INC

Name of Corporation as currently filed with the Florida Dept. of State

P02000041583

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **ARTICLES OF INCORPORATION**

(Document Type Being Corrected)

filed with the Department of State on **MAY 10, 2010**

(File Date of Document)

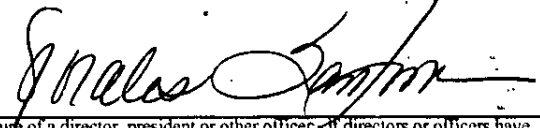
Specify the inaccuracy, incorrect statement, or defect:

MISSING DIRECTOR NOT ADDED ON ORIGINAL ANNUAL FILING:

Correct the inaccuracy, incorrect statement, or defect:

THE ADDITIONAL DIRECTOR TO BE INCLUDED IS: S

SABRINA RIVERA, 2003 SW 104TH AVENUE, MIRAMAR, FL 33025


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

NORALIS SANTANA

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

Filing Fee: \$35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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