

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-03-2003 90028 047 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000041583

1. Entity Name
LATIN AMERICA HAIR TEAM, INC



Principal Place of Business
6568 NW 186TH STREET
MIAMI LAKES FL 33015-6004

Mailing Address
6568 NW 186TH STREET
MIAMI LAKES FL 33015-6004

55008873



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

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

SANTANA, GINNA A
5345 NW 158TH TERRACE
101
MIAMI LAKES FL 33015

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)

01/29/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
NAME CARVAJAL, MARITZA A
STREET ADDRESS 5345 NW 158TH TERRACE
CITY-ST-ZIP MIAMI LAKES FL 33014-6436

☐ Delete

TITLE VT
NAME SANTANA, SANTIAGO A
STREET ADDRESS 5345 NW 158TH TERRACE
CITY-ST-ZIP MIAMI LAKES FL 33014-6436

☐ Delete

TITLE S
NAME SANTANA, NORALIS D
STREET ADDRESS 5345 NW 158TH TERRACE 101
CITY-ST-ZIP MIAMI LAKES FL 33014-6436

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

01/29/2003
Date

305-362-3434
Daytime Phone #

CR2E034 (10/02)