FILED
Jul 31, 2003 8:00 am
Secretary of State
07-16-2003 90042 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061574

1. Entity Name
BELLISIMA HAIR SALON, INC.

55052625

Principal Place of Business	Mailing Address
3199 W. VINE STREET KISSIMMEE, FL 34741	3199 W. VINE STREET KISSIMMEE, FL 34741

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0704962 ☐ 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
REYES, LISSETTE 2102 SHANNON LAKES BLVD. KISSIMMEE, FL 34743	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] 7-11-03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating) DATE

FEI NUMBER IS REQUIRED BEFORE THIS REPORT MAY BE FILED. SEE INSTRUCTIONS FOR ADDITIONAL INFORMATION.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P REYES, LISSETTE 2102 SHANNON LAKES BLVD. KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ORTIZ, ANITA 2006 LILY PAD CT. KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ESCUDERO, HAROLD 2372 HARBOR TOWN DR. KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 blank designated.

SIGNATURE: [signature] 7-11-03 407-846-0034
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

July 25, 2003

550528825
#P02000061574

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Previous correspondence

Subject: Bellisima Hair Salon, Inc.

This letter again is in reference to our annual report/uniform business report. As per our last letter of correspondence we stated that we did not receive the initial Uniform business report so we could have complied with the initial deadline of May 1, 2003. So we spoke with Barbara from the division of Corporations and she instructed us then to send in a sign report along with the fee of only $ 150.00. Enclosed with this letter is the filled in uniform business report that was indicated to have missing the FEI number. Thank you for your cooperation concerning this matter.

Harold Escudero
Treasurer