

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068397

1. Entity Name
SEMPRE BELLA HAIR SALON & SPA, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91885 025 ***150.00

0173592 AV

Principal Place of Business
20541 SW 2 ST
PEMBROKE PINES FL 33029

Mailing Address
20541 SW 2 ST
PEMBROKE PINES FL 33029



2. Principal Place of Business
18467 PINES BLVD
Suite, Apt. #, etc.

3. Mailing Address
18467 PINES BLVD
Suite, Apt. #, etc.

City & State
PEMBROKE PINES FL
Zip
33029
Country
USA

City & State
PEMBROKE PINES FL
Zip
33029
Country
USA

4. FEI Number
02-0621103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GADEA, EDUARDO E
10689 N KENDALL DR STE 309
MIAMI FL 33176

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

TITLE *D*
NAME *MASELLI, VINCENZO J*
STREET ADDRESS *20541 SW 2 ST*
CITY-ST-ZIP *PEMBROKE PINES FL 33029*

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P/D*
NAME *NELSY MASELLI*
STREET ADDRESS *20541 SW 2 ST*
CITY-ST-ZIP *PEMBROKE PINES FL 33029*

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: *S. Nelsy Maselli* **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2003 (954) 4502770

Date Daytime Phone #

CR2E034 (10/02)