

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90221 048 \*\*\*150.00

**DOCUMENT# P02000091592**

**1. Entity**  
**CLAUDIA'S BEAUTY SALON CORP.**

**Principal Place of**  
**704-EAST ATLANTIC BLVD.**  
**POMPANO BEACH FL 33060**

**Mailing**  
**704-EAST ATLANTIC BLVD.**  
**POMPANO BEACH FL 33060**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

**4. FEI Number**

01-0741469

**Applied For**

**Not Applicable**

**5. Certificate of Status**

☐

**\$8.75 Additional**  
**Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered**

**CLAUDIA M.C. PEREIRA**  
**704 EAST ATLANTIC BLVD.**  
**POMPANO BEACH FL 33060**

**7. Name and Address of Now Registered**

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

Zip Code

**B. 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.**

**SIGNATURE**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FIVE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution**

☐

**\$5.00 may Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PTD  
**NAME** CLAUDIA M. C. PEREIRA  
**STREET ADDRESS** 17576 WEEPING WILLOW TRAIL  
**CITY - ST - ZIP** BOCA RATON FL 33487

☐ Delete

**TITLE** VSD  
**NAME** LEVINE, MARIA S  
**STREET ADDRESS** 1298 NW 85TH TERRACE  
**CITY - ST - ZIP** CORAL SPRINGS FL 33071

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** 1  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
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**CITY - ST - ZIP**

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**13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #