2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099707

1. Entity Name
NAIMA HAIR DESIGNS, INC.

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90087 040 ***150.00

Principal Place of Business	Mailing Address
4652 WEST 4TH AVENUE	4652 WEST 4TH AVENUE
HIALEAH FL 33012	HIALEAH FL 33012

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 **37-1442058**   ☐ 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
OLIVA, NAIMA	Name
4652 WEST 4TH AVENUE	Street Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33012	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)   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**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **OLIVA, NAIMA**		NAME	
STREET ADDRESS **7541 N.W. 174 TERRACE**		STREET ADDRESS	
CITY-ST-ZIP **HIALEAH FL 33012**		CITY-ST-ZIP	
TITLE **VP**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **OLIVA, OSNIEL**		NAME	
STREET ADDRESS **8151 N.W. 200 TERRACE**		STREET ADDRESS	
CITY-ST-ZIP **HIALEAH FL 33015**		CITY-ST-ZIP	
TITLE **S**	☒ Delete	TITLE	☐ Change ☐ Addition
NAME **OLIVA, NAIMA**		NAME	
STREET ADDRESS **7451 N.W. 174 TERRACE**		STREET ADDRESS	
CITY-ST-ZIP **HIALEAH FL 33015**		CITY-ST-ZIP	
TITLE **T**	☒ Delete	TITLE	☐ Change ☐ Addition
NAME **OLIVA, NAIMA**		NAME	
STREET ADDRESS **7451 N.W. 174 TERRACE**		STREET ADDRESS	
CITY-ST-ZIP **HIALEAH FL 33015**		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: _Naima R. Oliva_   3/14/03   (305) 841-5966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #