


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90221 006 ***150.00

DOCUMENT # P02000102285					
1. Entity Name PELUQUERIA EU[®] NILVER, CORP					
Principal Place of Business 7025 SUNRISE BLVD PLANTATION FL 33313			Mailing Address 7025 SUNRISE BLVD PLANTATION FL 33313		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2077457	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRISALES, JOSE 7025 SUNRISE BLVD PLANTATION FL 33313			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 _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	P. GRISALES, JOSE <input type="checkbox"/> Delete 7025 SUNRISE BLVD PLANTATION FL 33313			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	CARLOS GIRALDO <input type="checkbox"/> Delete 7025 SUNRISE BLVD PLANTATION FL 33313			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	LUZ EDITH RODRIGUEZ <input type="checkbox"/> Delete 7025 SUNRISE BLVD PLANTATION FL 33313			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	HUGO RODRIGUEZ <input type="checkbox"/> Delete 7025 SUNRISE BLVD PLANTATION FL 33313			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 01/06/02 Daytime Phone # (954) 6736297					

CR2E034 (10/02)