FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90210 037 ***150.00

DOCUMENT # P02000113284

1. Entity Name
STAR'S HAIR DESIGN, INC ✓

70038314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4161 E 4 AVE
Suite, Apt. #, etc.

3. Mailing Address
4161 E 4 AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: HIALEAH - FLORIDA
Zip: 33010 Country: USA

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4. FEI Number: 55-0803140 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Consuelo J. Dominguez

Street Address (P.O. Box Number is Not Acceptable)
5730 NW 114 Street

City: Hialeah FL Zip Code: 33012

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Consuelo J. Dominguez
STREET ADDRESS	5730 NW 114 Street
CITY-ST-ZIP	Hialeah, FL 33012

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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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Consuelo J. Dominguez — Consuelo J. Dominguez, President — 4-9-03 — (305) 685-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #