

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118683

1. Entity Name  
LA QUEBRADA HAIR STUDIO, INC.



**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90311 015 \*\*\*150.00

Principal Place of Business  
3010 NORTH MILITARY TRAIL SUITE 200  
BOCA RATON FL 33431

Mailing Address  
3010 NORTH MILITARY TRAIL SUITE 200  
BOCA RATON FL 33431



2. Principal Place of Business  
3010 N. Military Trail

3. Mailing Address  
3010 Military Trail

Suite, Apt. #, etc.  
#200

Suite, Apt. #, etc.  
#200

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

4. FEI Number  
02-0652393

Applied For  
Not Applicable

Zip  
33431

Country  
U.S.A

Zip  
33431

Country  
U.S.A

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

## 6. Name and Address of Current Registered Agent

WHITTAKER, LAURIE S  
1065 NE 125TH STREET SUITE 300  
NORTH MIAMI FL 33161

## 7. Name and Address of New Registered Agent

Name  
WHITTAKER, LAURIE S  
Street Address (P.O. Box Number is Not Acceptable)  
1065 NE 125 ST. #300  
City  
N. MIAMI  
FL Zip Code  
33161

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SATURNINO, EDWARD 3010 NORTH MILITARY TRAIL SUITE 200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCONNELL, JOHN 3010 NORTH MILITARY TRAIL SUITE 200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

*Edward Saturnino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03 (305) 490.0932

CR2E034 (10/02)