

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-000002 AV

DOCUMENT # P02000121268

1. Entity Name
KOKOPELLI BEAUTY SALON INC.



Principal Place of Business
3760 E. 4TH AVE
HIALEAH FL 33013

Mailing Address
3760 E. 4TH AVE.
HIALEAH FL 33013

2. Principal Place of Business
3760 E 4th Ave
State Apt. # etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Hialeah, FL 33013

City & State

Zip 33013 **Country** USA

Zip **Country**

FILED
04 APR 19 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0491865

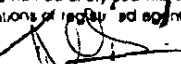
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GOMEZ, JOAQUIN L
3760 E. 4TH AVE.
HIALEAH FL 33013

7. Name and Address of New Registered Agent
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  **DATE** 4/12/04

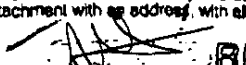
Signature typed: printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when transferring)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, JOAQUIN L 3760 E. 4TH AVE. HIALEAH FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200033050082 04/19/04--01017--005 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  **RE REQUIRED** **DATE** 4/12/04 **786 326 3206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR