

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000018448

1. Entity Name

HE & SHE HAIR STUDIO OF SOUTH FLORIDA, INC.

FILED

02 NOV 16 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**760 WEST SAMPLE RD.
POMPANO BEACH, FL 33064**

**760 WEST SAMPLE RD.
POMPANO BEACH, FL 33064**

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

650398406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COBB, ROBERT E
4530 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33064**

7. Name and Address of New Registered Agent

Name

VALERIA SIQUEIRA

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

4314 NW 9TH AVE APT# 1G

City

POMPANO BEACH

FL

Zip Code

33064

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/07/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIBERT, FRANK A 300 S.E. 8TH ST. POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALERIA SIQUEIRA 4314 NW 9TH AVE APT# 1G POMPANO BCH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LIBERT, JEAN WATERS 300 SE 6TH ST POMPANO BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTONIO PIRES DO PRADO 6800 NW 39TH AVENUE, #360 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300009052133 11/18/02--01084--001 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/02

(954) 785-9756

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2002 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: *Filing of Uniform Business Report 2002*

P93000018448

HE & SHE HAIR STUDIO OF SOUTH FLORIDA, INC.

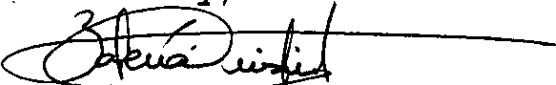
To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,


Valeria Siqueira - President

HE & SHE HAIR STUDIO OF SOUTH FLORIDA, INC.
760 WEST SAMPLE RD.
POMPANO BEACH FL 33064