

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90177 022 ***150.00

DOCUMENT # P93000033649

1. Entity Name

JOSSIE'S HAIR DESIGNERS, INC.

Principal Place of Business

**8197 NORTH UNIVERSITY DRIVE
TAMARAC FL**

Mailing Address

**8197 NORTH UNIVERSITY DRIVE
TAMARAC FL**

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

65-0411630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LETTMAN, ROBERT D ESQUIRE
8010 N. UNIVERSITY DRIVE
SECOND FLOOR
TAMARAC FL 33321-2118**

7. Name and Address of New Registered Agent

Name

MALAVE, TERESA

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

4985 NW 82ND TERRACE

City

LAUDERHILL

FL

Zip Code

33351

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

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

TERESA MALAVE - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04/20/02
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, 2002 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

TITLE **DP** ☒ Delete
NAME **CUEVAS, JOSEPHINE**
STREET ADDRESS **8197 NORTH UNIVERSITY DR.**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PD**
NAME **MALAVE, TERESA**
STREET ADDRESS **4985 NW 82ND TERRACE**
CITY-ST-ZIP **LAUDERHILL, FL 33351**

TITLE ☐ Change ☒ Addition
NAME **VB**
NAME **VARGAS, INGRID**
STREET ADDRESS **6700 NW 57TH DRIVE**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Malave*

TERESA MALAVE / PRESIDENT **04/20/02**

Date

954/720-7288
Daytime Phone #

CR2E034 (9/01)