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Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90103 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000047265

1. Corporation Name  
USA BARBER SHOP, INC.

Principal Place of Business

9835 SW 184 ST  
MIAMI FL 33157  
US

Mailing Address

18200 FRANJO RD  
MIAMI FL 33157  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1994

4. FEI Number

65-0500394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9835 S.W. 184 St

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 33157

Country

25 Dade

2a. Mailing Address

26 8509 FRANJO RD

Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

Zip

29 33189

Country

30 Dade

9. Name and Address of Current Registered Agent

MOISES A SACA  
18200 FRANJO RD  
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

MOISES A. SACA & LIDIA Y SACA

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

8509 FRANJO RD

83

84 City

MIAMI

FL

85 Zip Code

33189

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-26-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SACA, MOISES A

STREET ADDRESS 9835 SW 184 ST

CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME SACA, LIDIA Y

STREET ADDRESS 9835 SW 184 ST

CITY-ST-ZIP MIAMI FL 33157

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if 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

Date

Daytime Phone #

03-26-99 13054-8397

CR25034 (11/98)