

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90177 030 ***150.00

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DOCUMENT # P94000047265

1. Entity Name
USA BARBER SHOP, INC.



Principal Place of Business
**20265 OLD CUTLER RD.
MIAMI FL 33189
US**

Mailing Address
**18200 SW 97 AVE
MIAMI FL 33157
US**



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 **65-0500394**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOISES A SACA & LIDIA I SACA
8509 FRANCO RD.
MIAMI FL 33189**

*NO CHANGES
ARE MADE JUST
SPELLING CORRECTION
AND CHANGE OF
ADDRESS M.S.*

Name **MOISES A SACA & LIDIA I SACA**
Street Address (P.O. Box Number is Not Acceptable)
**18200 SW 97 AV.
MIAMI FL 33157**
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SACA, MOISES A**
STREET ADDRESS **9835 SW 184 ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SACA, MOISES A**
STREET ADDRESS **18200 S.W. 97 AV.**
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 **SECRETARY** ☐ Change ☐ Addition
NAME **SACA, LIDIA I**
STREET ADDRESS **18200 SW 97 AV. MIAMI**
CITY-ST-ZIP **FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 *MOISES A SACA* (305) 254-8297

CR2E034 (10/02)