

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 940000 71868**

1. Entity Name

**Lydia's Hair Company**



**FILED**

**01 AUG 20 PM 1:05**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

**Lydia's Hair Company**

2. Principal Place of Business

3. Mailing Address

**7037 South Orange Blossom Trail  
Orlando Florida**

**Same**

**5/22/01 9/10/31/01 \$150.00**  
DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

**32809**

Country

Zip

Country

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

**Rosa L. Torres  
7037 South Orange Blossom Trail  
Orlando, Florida 32809**

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.

SIGNATURE **Rosa L. Torres**

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

(NOTE: Registered Agent signature required when reinstating)

**PRESIDENT**

**owner 08/08/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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**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.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner - PRESIDENT**  
NAME **Rosa L. Torres**  
STREET ADDRESS **7959 Club House**  
CITY-ST-ZIP **Orlando Florida 32809**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

**Rosa L. Torres** **08/08/01 (407) 240-4757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)