

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P95000014872

1. Entity Name

SILK HAIR & NAILS, INC.

Principal Place of Business

1001 W 49th ST. 5
HIALEAH, FL 33012

Mailing Address

1001 W 49th ST. 5
HIALEAH, FL 33012

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

(65-0570601)

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

7. Name and Address of New Registered Agent

QUIROS, LAURA M.
1001 W 49TH ST. 5
HIALEAH, FL 33012

Name

ROSQUETE, RENE

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

1001 W 49TH ST. 5

City

HIALEAH

FL

Zip Code
33012

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

RENE ROSQUETE

7/3/01

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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 DPST ☒ Delete
NAME QUIROS, LAURA M.
STREET ADDRESS 1001 W 49TH ST. 5
CITY-ST-ZIP HIALEAH, FL 33012TITLE DPST ☐ Change ☒ Addition
NAME ROSQUETE, RENE
STREET ADDRESS 1001 W 49TH ST. 5
CITY-ST-ZIP HIALEAH, FL 33012TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME 000004547750--2
STREET ADDRESS -08/21/01--01080--010
CITY-ST-ZIP *****61.25 *****61.25TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME 78
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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.

SIGNATURE:

RENE ROSQUETE

(305)826-5591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #