

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90125 027 ***150.00

DOCUMENT # P95000065525

1. Entity Name
SANTA BEAUTY SALON, INC.



Principal Place of Business
**840 EAST 4TH AVENUE
HIALEAH FL 33010**

Mailing Address
**840 EAST 4TH AVENUE
HIALEAH FL 33010**



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 **65-0606248**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABREU, RAFAEL J
2705 CANAL RD
MIRAMAR FL 33025**

Name

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

8378 NW 143 Terr

City

miami lakes, FL

Zip Code

33016

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

(NOTE: Registered Agent signature required when reinstating)

1/21/03
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 **P** ☐ Delete
NAME **ABREU, SANTA**
STREET ADDRESS **7546 W 20 AVENUE #105**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☒ Change ☐ Addition
NAME **8378 NW 143 Terr**
STREET ADDRESS **miami lakes, FL**
CITY-ST-ZIP **33016**

TITLE **S** ☐ Delete
NAME **ABREU, RAFAEL J**
STREET ADDRESS **7546 W 20 AVENUE #105**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☒ Change ☐ Addition
NAME **8378 NW 143 Terr.**
STREET ADDRESS **miami lakes, FL**
CITY-ST-ZIP **33016**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Santa Alen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 305-885-8643
Date Daytime Phone #

CR2E034 (10/02)