

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90155 026 ***150.00

DOCUMENT # P950000 85578
1. Entity Name
EMILIA HAIR DESIGN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <u>1988 SACRAMENTO DR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>WESTON FL</u>	
Zip	Country	Zip	Country
<u>33326</u>	<u>US</u>	<u>33326</u>	<u>US</u>

4. FEI Number
65-0620462

Applied For	Not Applicable
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name <u>MARIE RODRIGUEZ</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1988 SACRAMENTO DR</u>
City <u>WESTON</u>
State <u>FL</u>
Zip Code <u>33326</u>

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>MARIE RODRIGUEZ</u> <u>1988 SACRAMENTO DR</u> <u>WESTON FL 33326</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Rodriguez Pres. 4/26/02 9543890099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)