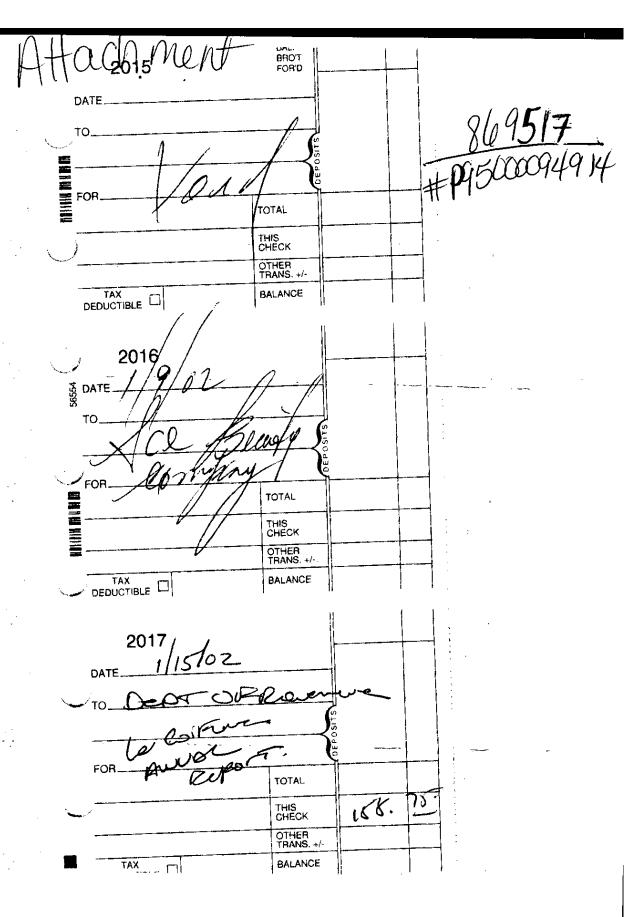
2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 18, 2002 8:00 am Secretary of State DOCUMENT # P95000094914 1. Entity Name 06-18-2002 90488 008 ***158.75 LE COIFURE INC. Principal Place of Business Mailing Address 18281 NW 68 AVENUE 19670 N.W. 82ND COURT MIAMI FL 33015 HIALEAH FL 33015 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0631014 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent **RAMIRO GUTIERREZ** Street Address (P.O. Box Number is Not Acceptable) 19670 NW 82 CT MIAMI FL 33055 City 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** Signature, typed or printee name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Addition **GUTIERREZ, RAMIRO** NAME NAME STREET ADDRESS 19670 N.W. 82ND CT STREET ADDRESS CITY-ST-ZIP MIAM! FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME JAQUEZ, ZOILA NAME STREET ADDRESS 19670 NW 82ND COURT STREET ADDRESS CITY_STURP MIAMI FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE Addition Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 path; 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.

FILED



Le Coi Fure 65-0631014 Document # p\$5000094914

Dear Sirs

+ P9500094914

I Am Sending IN This Copy AS INSTRUCTED TO By one OF your Representatives + This SHOPT Note

I HAD MATLED OUT THE OTIGINAL WITH CHECK #2017.

IN THE PHOUNT OF #1,58.75 ON OR ABOUT JAW 18

MONDO WITH MY ORN COTP "ORION PEST CONTROLL"

BUT I NEVER PRECIONAL MY LETTER BOCK (87) FOR LE

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LATER IT NEVER DID AND IT TOTALLY FOR WAT TO KEEP

CHECKING, UNTIL MY ACCOUNTANT TO ID ME THAT I HAD

SON ETTER CHECKS OUT STANDING (NOT CLICHED) SOME SOURCE

MONTS OID WHAT I CHECKED WICH CHECKS. YOUNS WAS ONE

OF THEM. I IMMIDIATING CLARED + WAS ENSTRUCTED TO

WRITE THIS MOTE MARK A COPY + SIGNU NOW + ENTIRED

A NEW CHECK PAOT 158.75 IF YOU HEED TO CONTROL

ME YOU CAN DO SO ST 305 9865232 Cel

305-829-0066-Home
305 829-0066-Home

Rouiro Corturer 25:

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