

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 030 \*\*\*150.00

DOCUMENT # P96000028975

1. Entity Name

Leiko Hair Salon, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

407 Lincoln rd.

3. Mailing Address

407 Lincoln rd.

Suite, Apt. #, etc.

5B

Suite, Apt. #, etc.

5B

DO NOT WRITE IN THIS SPACE

City & State

MIAMI Beach, FL

City & State

MIAMI Beach, FL

4. FEI Number

65-0659528

Applied For

☐ Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

George L. Brito

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

407 Lincoln rd. #5B

City

MIAMI Beach

FL

Zip Code

33139

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

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>Karina Del Bel</u> <u>210 174st. # M17</u> <u>MIAMI Beach, FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: Karina Del Bel

May 9, 2002

CR20034B (12/01)