

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053849

1. Entity Name

DIVAS HAIR AND NAIL SALON, INC.

Principal Place of Business

3421 W ST CONRAD ST
TAMPA FL 33607

Mailing Address

2713 W. WOODLAWN AVE.
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3375711

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFARAS, JOSE R
2713 W. WOODLAWN AVE.
TAMPA FL 33607

Name

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

City

FL 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 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, 2002 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: **DP** Delete
NAME: ALFARAS, OBDULIA
STREET ADDRESS: 2713 W. WOODLAWN AVE.
CITY-ST-ZIP: TAMPA FL 33607TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change AdditionTITLE: **DVS** Delete
NAME: ALFARAS, JOSE R
STREET ADDRESS: 2713 W. WOODLAWN AVE.
CITY-ST-ZIP: TAMPA FL 33607TITLE: Change Addition
NAME: Change Addition
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STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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 with an address, with all other like empowered.

SIGNATURE:

Signature: *Jose R. Alfaro, Vice President* Date: *3/25/02* Daytime Phone #: *813-876-2860*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042321 AV

CR2E034 (9/01)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90029 008 ***150.00