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2002 Uniform Business Report (UBR)

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Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P97000093986 1. Entity Name 04-10-2002 90021 028 ***150.00 MARGARITA HAIRSTYLIST INC Principal Place of Business Mailing Address 441 E. OAKHURST ST. 441 E. OAKHURST ST. RADAPARA ALTAMONTE SPRINGS FL 32701 **ALTAMONTE SPRINGS FL 32701** 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 59-3475287 Not Applicable Zip Country Zip 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 Name AGUIRRE, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 441 E. OAKHURST ST. ALTAMONTE SPRINGS FL 32701 Zip Code FL 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, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Addition NAME AGUIRRE, MARGARITA NAME STREET ADDRESS 441 E. OAKHURST ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ALTAMONTE SPRINGS FL 32701 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 'AGUIRRE, MIGUEL -NAME STREET ADDRESS 441 E. OAKHURST ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS OL 32701 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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