2000 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # P97000098158

1. Entity Name

EZEQUIEL SALON, INC.

FILED 081600

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
701 LINCOLN RD #109 MIAMI BEACH FL 33139	701 LINCOLN RD #109 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0795857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VARGAS, EZEQUIEL~~
~~1881 WASHINGTON AV APT 11-E~~
~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent

Name: Luis G BRITO
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
Suite 5-B
City: Miami Beach FL Zip Code 33139

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] 8/11/00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARGAS, EZEQUIEL 1881 WASHINGTON AVE #11E MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003384428--5 -09/06/00--01110--003 ****150.00 ****150.00
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CR2E034 (5/00)

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 RECEIVED [signature] 8/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ezequiel Salon, Inc
701 Lincoln Rd
Suite 105
Miami Beach, FL 33139
August 11, 2000

Division of Corp.
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir or Madam

The purpose of this letter is to inform your department the reason why I was late filing my annual report. In April 10 my brother informed me that my parents both died in a plain crash in europe (spain) on the 11 of april I took a flight to madrid (spain) to arrange for my parent benial, from mid April until a few days ago I've been trying to grasp the trigic death of my parent. I arrived in miami August 5, 2000 to find my business totally abandon, as I walked into my apartment the Landlord had rented out to another couple (because of my absent.) and a stack of bills