

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90014 026 \*\*\*150.00

**DOCUMENT # P98000057875**



1. Entity Name  
**OFELIA'S HAIR DESIGNERS INC.**

Principal Place of Business  
**8801 SW 43 STREET  
MIAMI FL 33165**

Mailing Address  
**8801 SW 43 STREET  
MIAMI FL 33165**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0847576**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**OBARRIO, OMAIDA**

**8801 SW 43 STREET  
MIAMI FL 33165**

*NEW ADDRESS*

Name

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

**8322 SW 8TH STREET**

City

**MIAMI**

FL

Zip Code

**33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	OBARRIO, OMAIDA	
STREET ADDRESS	8801 SW 43 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARCENAS, OFELIA	
STREET ADDRESS	931 NW 133 AVENUE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 260 0107  
4/9/03

CR2E034 (10/02)