

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079389

Entity Name

LORDS & LADIES HAIR STUDIO & DAY SPA, INC.

FILED

Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90008 050 \*\*\*150.00

Principal Place of Business		Mailing Address	
NW 12TH ST FL 33126		8369 NW 12TH ST MIAMI FL 33126-1842	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		65-0864536		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOTO, ANTONIO J III 8500 W FLAGLER ST, STE A-105 MIAMI FL 33144		Name: THARINE MORALES Street Address (P.O. Box Number is Not Acceptable): 4875 NW 97 CT. City: MIAMI, FL Zip Code: 33178	

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 title if applicable.	THARINE MORALES	DATE	2/2/00
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This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P REUBEN, MARIA E 9420 SW 60 TERR MIAMI FL 33173	<input checked="" type="checkbox"/> Delete	P THARINE MORALES 4875 NW 97 CT. MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	V P VICE PRESIDENT ALEJANDRO VARELA 4875 NW 97 CT. MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	S SECRETARY HUGO MARLEO TRIQUE 15636 SW 35 TERR. MIAMI, FL 33185	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	T TREASURER JULIO C. CEAZOLA 10246 NW 57 TERR MIAMI FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED	DATE	2/2/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	Daytime Phone #