

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081547

1. Entity Name

EXOTIC TATTOOS INC.

Principal Place of Business

6864 N.W. 169TH STREET
MIAMI FL 33015

Mailing Address

6864 N.W. 169TH STREET
MIAMI FL 33015-4210

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0865369

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

MARTINEZ-MORALES, NHORA A
6864 N.W. 169TH STREET
MIAMI FL 33015

Name *Guillermo A. Balmaceda*

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

6864 NW 169 Street

City

miami

FL

Zip Code

33015

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

Guillermo Balmaceda

4-17-00

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 \$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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, NHORA A	
STREET ADDRESS	18093 N.W. 60TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BALMACEA, GULLERMO	
STREET ADDRESS	18092 N.W. 60TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Balmaceda Guillermo</i>	
STREET ADDRESS	<i>18093 NW 60th Court</i>	
CITY-ST-ZIP	<i>Miami, FL 33015</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Guillermo Balmaceda</i>	
STREET ADDRESS	<i>18093 NW 60th Ct</i>	
CITY-ST-ZIP	<i>miami, FL 33015</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Guillermo Balmaceda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

305-469-4532

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90076 034 ***158.75



DO NOT WRITE IN THIS SPACE