

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90628 011 ***150.00

DOCUMENT # P98000094341

1. Entity Name

LORENA'S HAIR DESIGNS, INC.

Principal Place of Business

Mailing Address

393 N. ROYAL POINCIANA BLVD.
 MIAMI SPRINGS, FLORIDA 33166

C0069140

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

65-0884373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIA DOLORES BATISTA
 393 N. ROYAL POINCIANA BLVD.
 MIAMI SPRINGS, FL. 33166

Name

ZULIMA LORENA CASTRO

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

393 N. ROYAL POINCIANA BLVD

City

MIAMI SPRINGS,

FL

Zip Code
 33166

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/29/01
 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, 2001 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 PRES./SEC./TREAS. ☒ Delete
 NAME MAIA DOLORES BATISTA
 STREET ADDRESS 393 N. ROYAL POINCIANA BLVD.
 CITY-ST-ZIP MIAMI SPRINGS, FL. 33166

TITLE PRES./SEC./ TREAS./ ☒ Change ☐ Addition
 NAME ZULIMA LORENA CASTRO
 STREET ADDRESS 393 N. ROYAL POINCIANA BLVD.
 CITY-ST-ZIP MIAMI SPRINGS, FL. 33166

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/09 305-883-4900

CR2E034 (1/00)