

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91173 024 ***150.00

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DOCUMENT # P98000101618

1. Entity Name
SAMY'S BEAUTY SALON, INC.



Principal Place of Business
**2778 MICHIGAN AVE
KISSIMMEE FL 34744**

Mailing Address
**2778 MICHIGAN AVE
KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3547578**

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

**CASTRO, MARIA
1501 PURPLE VIOLET CT
ORLANDO FL 32824**

Name **ELISA NUNEZ**
Street Address (P.O. Box Number is Not Acceptable)

501 MARLLO ROAD

City **KISSIMMEE** FL Zip Code **34744**

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 *Elisa Nunez*
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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PSD CASTRO, MARIA** ☒ Delete
STREET ADDRESS **C/O 1501 PURPLE VIOLET CT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE
NAME **ELISA NUNEZ** ☐ Change ☒ Addition
STREET ADDRESS **501 MARLLO ROAD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE
NAME **VTD FELIBERTI, SAMUEL** ☒ Delete
STREET ADDRESS **C/O 1501 PURPLE VIOLET CT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE
NAME **CELESTE ROSARIO** ☐ Change ☒ Addition
STREET ADDRESS **235 CITRUS DR-**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Elisa Nunez* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)