2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900000324 FILEU SECRETARY OF STATE DEVISION OF CORPORATION MYRNA HAIR PLACE INC. Principal Place of Business Mailing Address 01 SEP 28 PM 2:00 7315 MIAMI LAKES DR. HIALEAH FL 33014 7315 MIAMI LAKES DR. HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0884991 Not Applicable Country \$8.75 Additional Fee Required Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, MYRNA M Street Address (P.O. Box Number is Not Acceptable) 6831 SW 53RD ST. MIAMI FL 33155 Zip Code FL 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. (NOTE: Registered Agent signature required when (einstating) FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. (See criteria on back) After MAY.1, 2001 Fee will be \$550.00, Make Check Payable to Department of State Trust Fund Contribution. OFFICERS AND DIRECTORS 12, PSTD Delete Change Addition TITLE TITLE HERNANDEZ, MYRNA M NAME MAME STREET ADDRESS STREET ADDRESS 6831 SW 53RD ST. CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 300004621883---10/03/01--01059--021 NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ****150~000 a****150.0 TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [7 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete 🔲 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: _

MYRNA'S HAIR PLACE

692 WEST 29 STREET # 9 HIALEAH, FLORIDA, 33012 (305) 823-0245

FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS

REF: TO ACTIVATE CORP. # P-99000000324

I HAD SEND MY (UBR) 2001 ON TIME (4-28-2001) AND YOU RECEIVED THE FORM WITH THE CHECK, DURING THE THIRD WEEK OF MAY I HAVE A BRAKE IN THE BUSINESS AND I REPORT THE ROBBERY TO THE POLICE I ADJ. THE CARD THAT THE POLICE LEFT WHIT THE CASE NUMBER, AS YOU CAN IMAGINE IN A BEAUTY SALOON THERE IS NOT EXPENSIVE VALUABLES IN EQUIPMENT OR MUCH MONEY, BUT THEY TOOK MOST OF MY EQUIPMENT, PRODUCTS AND ALSO BLANK CHECKS AND I HAVE TO FREEZE THE ACCOUNT IN THE BANK AND OPEN ANOTHER WITH DIFERENT ACCOUNT NUMBER, TO PREVENT MISSUSE OF MY MONEY, LOOK THAT THE DIVISION OF CORPORATIONS TOOK TIME TO DEPOSIT THE CHECK BECAUSE I HAVE BEEN IN CONTACT WITH THE OFFICER OF THE BANK TO APPROVE TRANSFERS FROM THE NEW ACCOUNT TO PAY CHECKS IN THE OLD ACCOUNT, NOW THAT I WANT TO RENEW THE OCCUPATIONAL LICENCE IN THE CITY HALL, THEY CHECK THE COROPORATION AND IS INACTIVE.

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是自身的原因。

NOW I HAVE TO SOLVE THIS PROBLEM AS SOON AS POSIBLE, PLEASE ADJ. WITH THIS LETTER IS A COPY OF THE UBR THAT I SEND THE LAST TIME AND A NEW CHECK FOR THE AMOUNT OF \$150.00 THAT WAS NOT COLLECTED ON HIS RESPECTIVE TIME.

PLEASE ALSO I AM INCLUDING WITH THIS MY NEW POSTAL ADDRESS

MYRNA HAIR PLACE INC. 692 WEST 29 STREET # 9 HIALEAH, FLORIDA, 33012 (305) 823-0245

THANKS FOR YOUR HELP.

MYRNÁ HERNANDEZ

PRESIDENT

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