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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: >

May 07, 2001 8:00 am Secretary of State DOCUMENT # P99000011200 GUIRIBITEY COSMETIC & BEAUTY INSTITUTE, INC. 05-07-2001 90021 011 ***150.00 Principal Place of Business Mailing Address 1871 CORAL WAY 1871 CORAL WAY STE 201 0400U4 STE 201 MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address 1800 SW 27 AVE 1800 SW27 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 302 302 City & State ity & State 4. FEI Number Applied For 65-0892527 Miani, Fl iam Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33145 IISA 33/4 J Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - Guiribitey GOMEZ, TATIANA Street Address (P.O. Box Number is Not Acceptable) 8820 FONTAINEBLEAU BLVD APT #304 MIAMI-FL-33172 96 Aug 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 reinstating) ent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Vice- President ☐ Delete TITLE Addition TITLE TATIANA GOMEZ GOMEZ, TATIANA NAME NAME 16405W 96Ane STREET ADDRESS 3368 N.W. 17 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Addition TITI F ☐ Delete Pepro Guiribites **GUIRIBITEY, PEDRO** NAME NAME 16405W 96AUL STREET ADDRESS 3368 N.W. 17 STREET STREET ADDRESS 11ami- Fl 33165 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** Presi pent. X Addition ☐ Defete TITLE TITLE NAME Jacobo Guiribites NAME 1640 SW 96 Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

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