

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 0000 46849

1. Entity Name

BEAUTIFUL HAIR, INC.

Principal Place of Business

Mailing Address

2323 LE JEUNE RD
CORAL GABLES FL. 33134

2. Principal Place of Business

2323 LE JEUNE RD

3. Mailing Address

2323 LE JEUNE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-6926205

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33134

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SONIA JACOBSON
2323 LE JEUNE RD
CORAL GABLES FL. 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33134

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

Sonia Jacobson

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

(NOTE: Registered Agent signature required when reinstating)

10/31/01

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

TITLE PD
NAME SONIA JACOBSON ☒ Delete
STREET ADDRESS 1111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33181

TITLE SD
NAME JAVIER FONSECA ☐ Delete
STREET ADDRESS 1111 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME DAVID JACOBSON
STREET ADDRESS 2000 TOWER SIDE TERR #406
CITY-ST-ZIP MIAMI FL. 33138

TITLE SD ☒ Change ☐ Addition
NAME JAVIER FONSECA
STREET ADDRESS 2323 LE JEUNE RD
CITY-ST-ZIP MIAMI FL 33181

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

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

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

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 118.07(3)(d), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/01

Telephone Number

AMENDED

FILED

01 NOV -2 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/00)

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