

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90010 048 ***150.00

DOCUMENT # P99000074036

1. Entity Name
RIO II SOBE SALON, INC.



Principal Place of Business
RIO II SOBE SALON, INC.
233 1 STREET SUITE 2
MIAMI FL 33139

Mailing Address
1800 DAYTONIA ROAD
MIAMI BEACH FL 33141

2. Principal Place of Business

233 1st Street

3. Mailing Address

1800 DAYTONIA RD.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

MIAMI BEACH

City & State

MIAMI BEACH, FL

City & State

FLORIDA

Zip

33139

Country

U.S.A

Zip

33141

Country

U.S.A

4. FEI Number

65-0942442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MONTEIRO, NEUZA T
233 1ST STREET
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

NEUZA MONTEIRO
(NOTE: Registered Agent signature required when reinstating)

4/8/03
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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MONTEIRO, NEUZA T**
STREET ADDRESS **1800 DAYTONIA ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☐ Delete
NAME **MONTEIRO, FABIANA**
STREET ADDRESS **1800 DAYTONIA RD.**
CITY-ST-ZIP **MIAMI FL 33141**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

FABIANA MONTEIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03
Date

305 538 8830
Daytime Phone #

CR2E034 (10/02)