

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25762

1. Entity Name

KARITAS HAIR PRODUCTIONS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90104 031 \*\*\*150.00

Principal Place of Business

Mailing Address

181 NAVARRE AVE  
CORAL GABLES FL 33134  
US

181 NAVARRE AVE  
CORAL GABLES FL 33134-4511  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0328801**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LLAMA, EDUARDO V  
2860 N.W. 4TH TERRACE  
MIAMI FL 33125

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PSD	LLAMA, EDUARDO V	2860 N.W. 4TH TERRACE							
		MIAMI FL 33125								
	VD	DIAZ, FABIO C	2860 N.W. 4TH TERRACE							
		MIAMI FL 33125								

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:  **EDUARDO LLAMA**  
PRES. **1/14/00 305-445-3002**  
Date Daytime Phone #