

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18296

1. Entity Name

DURAN-RUBERO BEAUTY CENTER, INC.

**FILED**  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90255 022 \*\*\*150.00

Principal Place of Business

2100 CORAL WAY  
SUITE 100  
MIAMI FL

Mailing Address

2100 CORAL WAY  
SUITE 100  
MIAMI FL

00015379



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1850 S.W. 8 Street

3. Mailing Address

1850 S.W. 8 Street

Suite, Apt. #, etc.

4th. Floor

Suite, Apt. #, etc.

4 th. Floor

City & State

Miami, Fl. 33135

City & State

Miami, Fl.

4. FEI Number

59-2142512

Applied For

Not Applicable

Zip

33135

Country

Miami-Dade

Zip

33135

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALFIE, MIGUEL N  
11111 BISCAYNE BLVD  
JOCKEY CLUB III 1256  
NORTH MIAMI FL 33181

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.

SIGNATURE

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME ALFIE, MIGUEL N  
STREET ADDRESS 2100 CORAL WAY, SUITE 100  
CITY-ST-ZIP MIAMI FL 33145

TITLE PTD ☒ Change ☐ Addition  
NAME ALFIE, MIGUEL N.  
STREET ADDRESS 1850 SW 8 St. 4th. Floor  
CITY-ST-ZIP Miami, Fl. 33135

TITLE VSD ☐ Delete  
NAME ALFIE, REBECA  
STREET ADDRESS 2100 CORAL WAY, SUITE 100  
CITY-ST-ZIP MIAMI FL 33145

TITLE VSD ☒ Change ☐ Addition  
NAME ALFIE, REBECA  
STREET ADDRESS 1850 SW 8 St. 4 th. Floor  
CITY-ST-ZIP Miami, Fl. 33135

TITLE VD ☐ Delete  
NAME ALFIE, DARIO  
STREET ADDRESS 2100 CORAL WAY, SUITE 100  
CITY-ST-ZIP MIAMI FL 33145

TITLE VD ☒ Change ☐ Addition  
NAME ALFIE, DARIO  
STREET ADDRESS 1850 SW 8 St. 4th. Floor  
CITY-ST-ZIP Miami, Fl. 33135

TITLE VD ☐ Delete  
NAME ALFIE, FLAVIO  
STREET ADDRESS 2100 CORAL WAY, SUITE 100  
CITY-ST-ZIP MIAMI FL 33145

TITLE VD ☒ Change ☐ Addition  
NAME ALFIE, FLAVIO  
STREET ADDRESS 1850 SW 8 St. 4th. Floor  
CITY-ST-ZIP Miami, Fl. 33135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

MIGUEL N. ALFIE - PRESIDENT 1-24-01 (305)642-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)