

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026744

1. Entity Name

DIVA'S HAIR STYLING SALON, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90287 019 ***150.00

Principal Place of Business

Mailing Address

3301 CORAL WAY
CORAL GABLES FL 33045

3301 CORAL WAY
CORAL GABLES FL 33145-2264

2. Principal Place of Business

3. Mailing Address

1787 SW 3RD AVE.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Way at 17th RD.

City & State
Miami, FL

City & State

4. FEI Number

65-0577558

Applied For

Not Applicable

Zip

Country

Zip

Country

33129

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

FUENTES, MYRNA H.
8615 NW 8TH STREET, APT 111
MIAMI FL 33126

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, 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
DPT
FUENTES, MYRNA H.
8615 NW 8TH STREET, APT 111
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
FUENTES, MYRNA H
3301 CORAL WAY
CORAL GABLES FL 33045 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CORONADO, AURA
3301 CORAL WAY
CORAL GABLES FL 33045 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10/99. (35) 445-7607

Date

Daytime Phone #

CR2E034 (9/99)