

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0271084 AV

DOCUMENT # P99000054616

1. Entity Name  
LUPE BEAUTY SALON CORPORATION



FILED

03 AUG 22 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
11318 SOUTHWEST QUAIL ROOST DR.  
MIAMI FL 33157

Mailing Address  
11318 SOUTHWEST QUAIL ROOST DR.  
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0927489

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

7. Name and Address of New Registered Agent

MARTINEZ, ROSARIO G  
11318 SOUTHWEST QUAIL ROOST DR.  
MIAMI FL 33157

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

(NOTE: Registered Agent signature required when reinstating)

8/16/03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARTINEZ, ROSARIO G  
11318 SOUTHWEST 186TH STREET  
MIAMI FL 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300022582313  
08/26/03--01052--019 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/03  
Date

305.230.2337  
Daytime Phone #

CR2E034 (10/02)

LUPE BEAUTY SALON CORP  
11318 QUAIL ROOST DR  
MIAMI, FL 33157  
PHONE 305-235-3332

Attachment

P99000054616

Miami, August 19, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Document # P99000054616

Dear Sir or Madam:

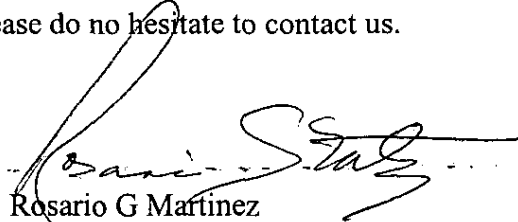
As per our telephone conversation we are enclosing a check for the amount of \$150.00.

Please be advised as mentioned on the phone, that we did not know that we have to pay for the Corporation every year.

We kindly request waiver of the penalty charged with the promise that this delay will not happen again.

If you have any questions please do not hesitate to contact us.

Sincerely,

  
Rosario G Martinez  
President