2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000010612**

1. Entity Name

AVANTE STYLIST, INC.

Principal Place of Business

Mailing Address

13635 S.W. 26TH STREET
MIAMI FI. 33175

13635 S.W. 26TH STREET
MIAMI FI. 33175

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Do Not Write in this space

City & State

City & State

4. FEI Number 65-0730664

Not Applied For Not Applicated

FILED Feb 26, 2000 8:00 am Secretary of State

02-26-2000 90078 015 ***150.00

#, etc.	Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
e			4. F	4. FEI Number 65-0730664		pplied For	
Country		Country				ot Applicable	
Country	Ζίμ	Country	5. 0	Certificate of Status Desired			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
		Name					
ALFONSO, FELIX 13635 S.W. 26TH STREET		Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
WI FL 33175							
		City		Fl	Zip Cod	le	
named entity submits this statement for	be purpose of changing its	s registered office or	registered age	ent, or both, in the State of Florida.			
1/20 /11/		-	_				
Walled Mal	uu)_			W. H. 199			
Signature, typed or printed name of egistered gent an	d title if applicable. (NO	TE. Registered Agent signatu	re required when re	einstating) DATE			
oration is eligible to satisfy its Intangible	FILE NOW	!!!! FEE IS \$150.0	00	10 Flaction Campaign Financing	¢E (10	
Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550:00		1		_ \$5.00 _May.Be Added to Fees	
ria on back)	Make Check Paya	ble to Department					
OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN			
D	☐ Delete	TITLE			☐ Change	☐ Addition	
s 13635 S.W. 26TH STREET							
MIAMI PL 33175	□ D -1-4-				☐ Channe		
ALFONSO, CARMEN O.					[_] (mange		
		STREET ADDRESS					
		CITY-ST-ZIP					
MIAMI FL 33193-2	₹61 Delete	TITLE			Change	Addition	
		NAME					
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		STREET ADDRESS CITY-ST-ZIP					
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	Country 6. Name and Address of Current R ONSO, FELIX 35 S.W. 26TH STREET WI FL 33175 named entity submits this statement for sequence types or privide name of equilibrium and elects to do so. OFFICERS AND D OALFONSO, FELIX 13635 S.W. 26TH STREET MIAMI FL 33175 D ALFONSO, CARMEN O. 14782 SW 58TH STR	Country Cou	Country Cou	Country Street Address (P.O. B Street Address (P.O. B City City City City City Country Countr	City & State City & State Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Name Name Name Street Address (P.O. Box Number is Not Acceptable) City File City	City & State Country S. Certificate of Status Desired \$8.75 Ad Fee Require \$8.75 Ad Fee Require Name Name Name Street Address of New Registered Agent Name City FL Zip Coc Trust Fund Contribution. Address of New Registered Agent After MAY 17, 2000 Fee will be \$350.00 After MAY 17, 2000 Fee will be \$350.00	

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 reports 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 piper like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PHATES NAME OF SIGNING OFFICER OR DIRECTOR

Alfonso

2-18-00

305-553-499

e Daytime Pho