

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076964

1. Entity Name

METRO BEAUTY SUPPLY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90140 038 ***150.00

Principal Place of Business

2333 PONCE DE LEON BLVD
 STE 710
 CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD
 STE 710
 CORAL GABLES FL 33134-5427

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

65-0892646

Applied For

Not Applicable

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

GONZALEZ, PETER A
 201 ALHAMBRA CIRCLE
 SUITE 500
 CORAL GABLES FL 33134

Name

SAMB

Street Address (P.O. Box Number is Not Acceptable)

2333 Ponce de Leon Blvd.

SUITE 710

City

Coral Gables, FL

FL

Zip Code

33134

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

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 D
 NAME GOYANES, JOSE A
 STREET ADDRESS 201 ALHAMBRA CIRCLE
 CITY-ST-ZIP CORAL GABLES FL 33134

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TITLE SAMB
 NAME SAMB
 STREET ADDRESS 2333 Ponce de Leon Blvd., STE. 710
 CITY-ST-ZIP Coral Gables, FL 33134

☒ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (9/99)