

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076964

1. Entity Name
METRO BEAUTY SUPPLY, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90277 022 ***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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 40 SE 1 street	3. Mailing Address 40 SE 1 street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33131	Country USA
Zip 33131	Country USA

4. FEI Number 65-0892646	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

GONZALEZ, PETER A
2333 PONCE DE LEON BLVD.
SUITE 710
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Metro Beauty Centers**

Street Address (P.O. Box Number is Not Acceptable)
40 SE 1 street

City **Miami** FL Zip Code **33131**

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 *Jose A Goyanes* DATE **4-18-01**

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOYANES, JOSE A		NAME GOYANES, JOSE A	
STREET ADDRESS 2333 PONCE DE LEON BLVD., STE. 710		STREET ADDRESS 40 SE 1 street	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jose A Goyanes* President Date **4/18/01** Daytime Phone # **(305) 577-8896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)