

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90337 008 ***150.00

DOCUMENT # P98000076964

1. Entity Name
METRO BEAUTY SUPPLY, INC.

Principal Place of Business

40 SE 1ST STREET
MIAMI FL 33131

Mailing Address

40 SE 1ST STREET
MIAMI FL 33131

2. Principal Place of Business

256 EAST FLAGLER STR.

Suite, Apt. #, etc.

3. Mailing Address

4 SE 1 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL 33131

Zip
33131

Country
USA

City & State
MIAMI, FLORIDA

Zip
33131

Country
USA

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

METRO BEAUTY CENTERS
40 SE 1ST STREET
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Metro Beauty Center**

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

4 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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **GOYANES, JOSE A**
STREET ADDRESS **40 SE 1ST STREET**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☒ **Change** ☐ **Addition**
NAME **GOYANES, JOSE A.**
STREET ADDRESS **4 SE 1 STREET**
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02

(305) 577-8896

CR2E034 (9/01)