

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90193 041 ***150.00

DOCUMENT # 488922
 1. Entity Name
CREATIONS HAIRSTYLE AND BOUTIQUE INC. ✓

Principal Place of Business
2030 S OCEAN DRIVE
HALLANDALE. FL. 33009

Mailing Address
13255 S.W. 54 CT.
MIRAMAR. FL. 33027

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4338 S.W. 8 STREET
 Suite, Apt. #, etc.

City & State
MIAMI. FLORIDA.

Zip
33134

4. FEI Number
59-1632797

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOISES ARCE
13255 S.W. 54 CT.
MIRAMAR. FL. 33027

7. Name and Address of New Registered Agent
 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.

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

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ARCE, MOISES	
STREET ADDRESS	13255 S.W. 54 CT.	
CITY-ST-ZIP	MIRAMAR. FL. 33027	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ARCE, BLANCA	
STREET ADDRESS	13255 S.W. 54 CT.	
CITY-ST-ZIP	MIAMI. FL. 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE. MOISES	
STREET ADDRESS	13255 S.W. 54 CT.	
CITY-ST-ZIP	MIRAMAR. FL. 33027	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE. BLANCA	
STREET ADDRESS	13255 S.W. 54 CT.	
CITY-ST-ZIP	MIRAMAR. FL. 33017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Moises Arce 1/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)