

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95238**

1. Entity Name

NAVARRO SALON UNISEX, INC.

Principal Place of Business

**1704 WEST 68TH ST
HIALEAH FL 33014-4437**

Mailing Address

**1704 WEST 68TH ST
HIALEAH FL 33014-4437**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2213018

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****PARADA, MIRIAM
1704 W 68 ST
HIALEAH FL 33014**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEREYDA NAVARRO	
STREET ADDRESS	8927 SW 151 AVE RD	
CITY-ST-ZIP	MIAMI FL	

TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCAR NAVARRO	
STREET ADDRESS	1704 West 68th Street	
CITY-ST-ZIP	Hialeah, Florida 33014	

TITLE	STD	<input type="checkbox"/> Delete
NAME	PARADA, MIRIAM	
STREET ADDRESS	1704 W 68 ST	
CITY-ST-ZIP	HIELEAH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Oscar Navarro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR NAVARRO
President

January 31, 2001

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)