

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003283

1. Entity Name

ABSOLUTE BEAUTY SUPPLIES INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90793 002 ***150.00

Principal Place of Business

Mailing Address

8144 W 26 AVE
HIALEAH FL 33016

8144 W 26 AVE
HIALEAH FL 33016-2747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0170192

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART, GREGORY K
8144 W 26 AVE
HIALEAH FL 33016

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, 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 CD ☐ Delete

NAME CORDOBA, OMAIRA
STREET ADDRESS PLAZA BANCOMER BLDG
CITY-ST-ZIP REPUBLIC OF PANAMA

TITLE VD ☐ Delete

NAME SAURI, ADOLFO
STREET ADDRESS PLAZA BANCOMER BLDG
CITY-ST-ZIP REPUBLIC OF PANAMA

TITLE D ☐ Delete

NAME SALCEDO, RICARDO D
STREET ADDRESS PLAZA BANCOMER BLDG
CITY-ST-ZIP REPUBLIC OF PANAMA

TITLE V ☐ Delete

NAME HART, GREGORY K
STREET ADDRESS 8144 W 26 AVE
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 #

4/18/00 305-231-8800

CR2E034 (9/99)