

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G59265**

1. Entity Name

ALEX BEAUTY SALON UNISEX, INC.



Principal Place of Business

2354 N.W. 7TH STREET
MIAMI FL 33125

Mailing Address

2354 N.W. 7TH STREET
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2327666

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

BRENES, ALEJANDRINA
2354 N.W. 7TH STREET
MIAMI FL 33125

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P BRENES, ALEJANDRINA 9052 NW 147TH TERR MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Alejandra B. B. B. B. B.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alejandra B. B. B. B. B. 7-12-00 305-541-2364
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

July 12, 2000

attachment
~~#75~~
#659265
Dummar

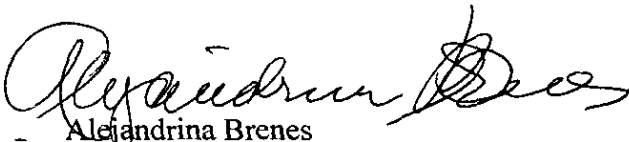
Alex Beauty Salon Unisex, Inc.
2354 NW 7 Street
Miami, FL 33125
Document # G59265

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I recently received a second Uniform Business Report with a filing fee of \$550.00. However, the original report was mailed on March 6, 2000. I am enclosing a copy of the original return and accompanying check (# 3647) for \$150.00. I am respectfully requesting that you waive the \$400.00 late filing fee and accept a replacement check for the original amount.

Thanking you in advance for your assistance,



Alejandrina Brenes
President, Alex Beauty Salon Unisex

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MIAMI FL 33125

Mailing Address

2354 N.W. 7TH STREET
MIAMI FL 33125-3249

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 59-2327666

Applied For
Not Applicable

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2354 N.W. 7TH STREET
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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

Alejandra Brena

(NOTE: Registered Agent signature required when not applicable)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRENES, ALEJANDRINA	
STREET ADDRESS	9052 NW 147TH TERR	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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SIGNATURE

Alejandra Brena

Alejandra Brena 3-6-00 305.541-2364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

ALEX BEAUTY SALON UNISEX, INC.

2354 NW 7TH ST.
MIAMI, FLORIDA 33125

G59265

DATE 3-6-00 63-841-6215

PAY TO THE ORDER OF

DEPARTMENT OF STATE

\$ 150.00

- Ciento cincuenta

20 DOLLARS

UNION PLANTERS BANK

South Hialeah Office
3700 W. 125th Avenue, Hialeah, FL 33012
Toll Free (877) 848-2265

FOR 59-2327666 Corporation fee Alejandra Brena

000364 0067008414 00036410

087

Attachment
DW 7492

DO NOT WRITE IN THIS SPACE

0188242

CR2E034 (9/99)

087
3647