

# '2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90016 044 \*\*\*550.00

0019494 AV

**DOCUMENT # M31538**

1. Entity Name  
**CREATION UNISEX INC.**

Principal Place of Business  
**1221 W. 44 STREET PLACE  
HIALEAH FL 33012**

Mailing Address  
**1221 W. 44 STREET PLACE  
HIALEAH FL 33012**

*PLEASE CORRECT ADDRESS.*

2. Principal Place of Business  
**1221 W 44 PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1221 W 44 PLACE**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**HIALEAH, FL**  
Zip  
**33012** Country  
**USA.**

City & State  
**HIALEAH, FL**  
Zip  
**33012** Country  
**USA.**

4. FEI Number  
**59-2682495**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, NILDA  
195 E. 14 STREET PLACE  
HIALEAH FL 33010**

**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 \$550.00  
After September 12, 2001 Fee 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PD</b>			
	<b>LOPEZ, NILDA</b>			
	<b>195 E. 14 ST</b>			
	<b>HIALEAH FL</b>			
	<b>VPD</b>			
	<b>MAZON, JULIA</b>			
	<b>377 E. 16 ST</b>			
	<b>HIALEAH FL</b>			

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

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

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

*August 21/01* *305-825-4483*  
Date Daytime Phone #

CR2E034 (5/01)

Attachment

Doc # M 31538  
00002107



# OCCUPATIONAL LICENSE

CITY OF HIALEAH, FLORIDA

MAYOR RAUL MARTINEZ

No: 7231-40

Amount: 0.00

The person, firm or corp. listed hereon is hereby licensed to engage in the business specified subject to the regulations and restrictions of the City of Hialeah, Florida.

BEAUTY SHOPS

CREATION UNISEX

1221 W 44 PL

HIALEAH, FL 33012

1221 W-44 PL

VALIDATING No.

10

EXPIRES SEPTEMBER 30, 2001

MIAMI-DADE COUNTY  
TAX COLLECTOR  
140 W. FLAGLER ST.  
14th FLOOR  
MIAMI, FL 33130

2000

OCCUPATIONAL LICENSE TAX  
MIAMI-DADE COUNTY - STATE OF FLORIDA  
EXPIRES SEPT. 30, 2001  
MUST BE DISPLAYED AT PLACE OF BUSINESS  
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

2001

FIRST-CLASS  
U.S. POSTAGE  
PAID  
MIAMI, FL  
PERMIT NO. 231

168528-9

BUSINESS NAME / LOCATION

CREATIONS UNISEX HAIRSTYLING

1221 W 44 PL

33012 HIALEAH

RENEWAL

LICENSE NO.

168528-9

STATE #60278

OWNER

NILDA LOPEZ

Sec. Type of Business

213 BEAUTY SHOP/CHAIR

EMPLOYEES

2

THIS IS AN OCCUPATIONAL  
TAX ONLY. IT DOES NOT  
PERMIT THE LICENSEE TO  
VIOLATE ANY EXISTING  
REGULATORY OR ZONING  
LAWS OF THE COUNTY OR  
CITIES. NOR DOES IT  
EXEMPT THE LICENSEE  
FROM ANY OTHER LICENSE  
OR PERMIT REQUIRED BY  
LAW. THIS IS NOT A CERTI-  
FICATION OF THE  
LICENSEE'S QUALIFICA-  
TION.

DO NOT FORWARD

CREATIONS UNISEX HAIRSTYLING  
NILDA LOPEZ  
1221 W 44 PL  
HIALEAH FL 33012

PAYMENT RECEIVED  
MIAMI-DADE COUNTY TAX  
COLLECTOR:

10/30/2000

050129001

000049:50

SEE OTHER SIDE



Attachment

Doc # M 315-38  
D0062107

DR-11  
R. 1/89



MAILING ADDRESS

CREATIONS UNISEX INC  
1221 WEST 44 PLACE  
HIALEAH

REGISTRATION DATE  
05/04/89

OPENING DATE  
07/01/87

State of Florida  
DEPARTMENT OF REVENUE  
CERTIFICATE OF REGISTRATION  
Issued Pursuant to Chapter 212, Florida Statutes

CERTIFICATE NUMBER  
23-05-342605-41

REFER TO THIS NUMBER  
WHEN REPORTING TAX

THIS CERTIFIES THAT

CREATIONS UNISEX INC  
1221 WEST 44 PLACE  
HIALEAH

FL 33012-0000

FL 33012-0000

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE

IS HEREBY AUTHORIZED AND EMPOWERED TO COLLECT  
SALES AND USE TAXES FOR THE STATE OF FLORIDA

421636  
THIS CERTIFICATE IS  
NONTRANSFERABLE