

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030098

1. Entity Name

ROMARY'S BEAUTY SALON, INC
2031

Principal Place of Business

2031 WEST 62 Street
HIALEAH, FL 33016

Mailing Address

SAME AS ABOVE

2. Principal Place of Business

2031 WEST 62 Street

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL 33016

City & State

4. FEI Number
65-0994404

Applied For
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCEDES ROMARIS
7851 WEST 31 COURT
HIALEAH, FL 33018

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MERCEDES ROMARIS
7851 WEST 31 court
HIALEAH, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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-11/06/01--01046--003
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01 (305) 825-9272

CR2E034 (5/01)

Florida Department of State
Division of Corporation
P.O Box 6327
Tallahassee, FL 32314

Ref: **Romary's Beauty Salon, Inc**
2031 West 62 Street
Hialeah, FL 33016

Document # **P 00000030098**

To whom it may concern:

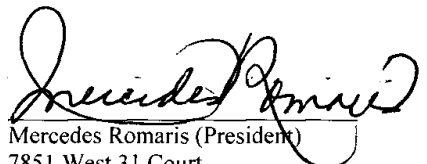
By this mean I would like to inform you that we never received the annual uniform report of this corporation as a result we have not sent any payment. This month was of our knowledge that this corporation is inactive. As I said before we never received any notification neither the first or second notice.

I am sending the annual report corresponding to 2001 and a check in the amount of \$ **150.00**

If you have any questions please contact me at **305-825-9272**

Thank you in advance.

Sincerely,



Mercedes Romaris (President)
7851 West 31 Court
Hialeah, FL 33018

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