

2001 UNIFORM BUSINESS REPORT (UBR)

6/10/23

DOCUMENT # P00000049972

1. Entity Name
NAIL'S BY MARIBEL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 AM 11:06

Principal Place of Business
14740 SW 57TH TERRACE
MIAMI FL 33193

Mailing Address
14740 SW 57TH TERRACE
MIAMI FL 33193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1009893

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

GUERRERO, MARIBEL
14740 SW 57TH TERRACE
MIAMI FL 33193

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 PD
NAME GUERRERO, MARIBEL
STREET ADDRESS 14740 SW 57TH TERRACE
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE
NAME 700000464168 ☐ Change ☐ Addition
STREET ADDRESS -10/18/01--01045--004
CITY-ST-ZIP ****150.00 ****150.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-05

(305) 889-1005

Date

Daytime Phone #

CR2034 (5/01)

September 24, 2001


* Do Not Retach *

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To Whom It May Concern:

Please enclosed find a check in the amount of \$150.00 dollars my client this is the first time she ever received the report to file the corporation fees will you please allow that my client paid only the amount mentioned before because if this is the first time she received this form is not right for her to paid a penalty for late filing will you let my client know if you accepted.

Sincerely Yours,


Arlene Cordis
Accountant