

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

<b>DOCUMENT #</b> P00000059999	
<b>1. Entity Name</b> TWIN SCISSORS UNISEX CORP	

FILED  
05 SEP 16 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2050 PALM AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> HIALEAH, FL		<b>City &amp; State</b>	
<b>Zip</b> 33012	<b>Country</b>	<b>Zip</b>	<b>Country</b>

STATEMENT 04-05

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1018677		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

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

**Name**  
MENENDEZ, MARIA T  
**Street Address (P.O. Box Number is Not Acceptable)**  
5490 WEST 21 COURT, #108

**City** HIALEAH **FL** **Zip Code** 33016

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** Maria Menendez **MARIA T MENENDEZ** **6/27/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P MENENDEZ, MARIA T 5490 WEST 21 COURT, #108 HIALEAH, FL 33016
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V TOLEDO, TERESA M 340 E 51 STREET HIALEAH, FL 33013
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	000059796610 09/21/05--01002--002 **150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	000059796610 09/21/05--01002--003 **150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

6/9/16

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Maria Menendez **MARIA T MENENDEZ, PRESIDENT** **6/27/2005** **(305) 885-9570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**TWIN SCISSORS UNISEX CORPORATION**

2050 Palm Avenue  
Hialeah, FL 33010

June 27, 2005

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: Twin Scissors Unisex Corp.

Ref: P00000059999

Enclosed please find the 2005 Annual Report, along with the payment of \$150.00 for each year: 2004 and 2005.

We wish to request a waiver of the late fee, because we have not received any notice for either year in this regard, and just today realized that they have not been paid.

We thank you for your understanding.

Sincerely,

Maria T. Menendez  
President

A handwritten signature in black ink that reads "Maria T. Menendez". The signature is written in a cursive style with a large, stylized "M" and "T".