

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

**FILED**  
**Feb 13, 2006 08:00 AM<sup>TX</sup>**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>		<b>4. FEI Number</b>		<b>Applied For</b>
		65-1018677		<b>Not Applicable</b>
		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		<b>7. Name and Address of Current Registered Agent</b>		
		<b>Name</b>		
		MENENDEZ, MARIA T		
		<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
		5490 WEST 21 COURT, #108		
		<b>City</b>	<b>FL</b>	<b>Zip Code</b>
		HIALEAH		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** **2/10/2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) **DATE**

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

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

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

**10. OFFICERS AND DIRECTORS**

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

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **2/10/2006** **(305) 885-9570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**