

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90012 040 ***150.00

DOCUMENT # P00000073211

1. Entity Name

TROPICAL SALON (UNISEX), INC.

DO NOT WRITE IN THIS SPACE

80092959

2. Principal Place of Business

13851 AMBELEIGH RD
Suite, Apt. #, etc.

3. Mailing Address

13851 AMBELEIGH RD
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837

Country

Zip

32837

Country

4. FEI Number

593605111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TIBURICO, GRACE

Street Address (P.O. Box Number is Not Acceptable)

13851 AMBELEIGH RD

City

ORLANDO

FL

Zip Code

32837

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 date if applicable

(NOTE: Registered Agent signature required when resubmitting)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
HINDJOSA, ANTONIA
STREET ADDRESS
13851 AMBELEIGH RD
CITY - ST - ZIP
ORLANDO, FL 32837

TITLE
NAME
TIBURICO, GRACE
STREET ADDRESS
13851 AMBELEIGH RD
CITY - ST - ZIP
ORLANDO, FL 32837

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Grace Tiburico*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #