

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000076611**

1. Entity Name

KUKI ESTILO UNISEX BEAUTY SALON, INC.**FILED**
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90019 001 ***550.00

06-26-2001 90019 002 *****8.75

75466

DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~16881 SW 144TH COURT~~
~~MIAMI FL 33177~~

Mailing Address

~~16881 SW 144TH COURT~~
~~MIAMI FL 33177~~

2. Principal Place of Business

3528 NW 17th Ave

Suite, Apt. #, etc.

3. Mailing Address

3528 NW 17 Ave

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

MIAMI Florida

4. FEI Number

65-1034788

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired

☒**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

CEPEDA, JOEL**16881 SW 144TH COURT**
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

RAFAEL AMADO CEDANO

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

3528 NW 17 AVE.**MIAMI****Florida**

City

FL**33142**

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)

6/1/01

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VASQUEZ, RAMON
16881 SW 144TH COURT
MIAMI FL 33177☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
CEPEDA, JOEL
16881 SW 144TH COURT
MIAMI FL 33177☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RAFAEL AMADO CEDANO
3528 NW 17 AVE.
MIAMI FL 33142☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

305-634-5562

Daytime Phone #

CR2E034 (10/00)