

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

2002

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 049 ***150.00

DOCUMENT # **P00000076611**

1. Entity Name

KUKI ESTILO UNISEX BEAUTY SALON INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3528 NW 17th AVE

Suite, Apt. #, etc.

3. Mailing Address

3528 NW 17th AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

65-1034788

Applied For

Not Applicable

Zip

33142

Country

Zip

33142

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RAFAEL A. CEDANO

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

3528 NW 17th AVE.

City **MIAMI**

FL

Zip Code **33142**

**DO NOT WRITE
IN THIS SPACE**

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

Rafael Cedano Cedano

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/30/02

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	pd
NAME	CEDANO, RAFAEL A
STREET ADDRESS	3528 NW 17th AVE
CITY - ST - ZIP	MIAMI FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Rafael Cedano Cedano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305-634-5562

Daytime Phone #

CR2E034B (12/01)