

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90012 031 \*\*\*158.75

**DOCUMENT # P00000100461**

**1. Entity Name**  
**ANNIA'S UNISEX BEAUTY SALON, INC.**

**Principal Place of Business**

**7856 CORAL WAY**  
**MIAMI FL 33155**

**Mailing Address**

**7856 CORAL WAY**  
**MIAMI FL 33155**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-1050251**

Applied For  
Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

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

**VAZQUEZ, ARACELI G**  
**7856 CORAL WAY**  
**MIAMI FL 33155**

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

Name **ROSARIO, MILAGROS A.**

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

**9750 SW 138 AVE**

City **MIAMI**

FL

Zip Code **33186**

**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 *Milagros A. Rosario*

(NOTE: Registered Agent signature required when reinstating)

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VAZQUEZ, ARACELI G</b>	
STREET ADDRESS	<b>8210 SW 163 PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33193</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSARIO, MILAGROS A</b>	
STREET ADDRESS	<b>9750 SW 138 AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRUZ, EDWARD</b>	
STREET ADDRESS	<b>9686 FOUNTINE BLVD APT 208</b>	
CITY - ST - ZIP	<b>MIAMI FL 33172</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**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: *Milagros A. Rosario* **DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-01 (305) 261-2388  
Date Daytime Phone #

CR2E034 (10/00)