

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-11-2001 90133 018 ***150.00

DOCUMENT # P00000103142

1. Entity Name

ULTIMATE CREATIONS, INC.

Principal Place of Business

**13890 CYPRESS COURT
MIAMI LAKES FL 33014**

Mailing Address

**13890 CYPRESS COURT
MIAMI LAKES FL 33014**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, MIGUEL
13890 CYPRESS COURT
MIAMI LAKES FL 33014**

Name

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

City

FL

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)

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 **D** ☐ Delete
NAME **PEREZ, MIGUEL F**
STREET ADDRESS **13890 CYPRESS COURT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/26/2001

Date

(305) 865-0380

Daytime Phone #

CR2034 (10/00)

Attachment 8977 HP000006103142

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

| | | |
|-------------------------------|--|---|
| Please type or print clearly. | 1 Name of applicant (legal name) (see instructions) ULTIMATE CREATIONS INC | |
| | 2 Trade name of business (if different from name on line 1) SAME | 3 Executor, trustee, "care of" name MIGUEL PEREZ |
| | 4a Mailing address (street address) (room, apt., or suite no.) 13890 CYPRESS COURT | 5a Business address (if different from address on lines 4a and 4b) SAME |
| | 4b City, state, and ZIP code MIAMI LAKES FL 33014 | 5b City, state, and ZIP code SAME |
| | 6 County and state where principal business is located | |
| | 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► MIGUEL PEREZ | |

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **N/A** Foreign country **N/A**

- | | |
|--|--|
| 9 Reason for applying (Check only one box.) (see instructions) | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input checked="" type="checkbox"/> Started new business (specify type) ► HAIR CARE | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► |

10 Date business started or acquired (month, day, year) (see instructions) **NEX WEEK 16/21/2001** 11 Closing month of accounting year (see instructions) **JUNE 2002**12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) Nonagricultural **N/A** Agricultural Household14 Principal activity (see instructions) ► **COMMISSION**15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ N/A
☐ Public (retail) ☒ Other (specify) ►17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► **Hair Concepts by Michael** Trade name ► **THE SAME**17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed**MIAMI FLA 2/88**

| |
|--|
| Previous EIN 65 0035190 |
| Business telephone number (include area code) (305) 865-0380 |
| Fax telephone number (include area code) (305) 1227-4055 |

Name and title (Please type or print clearly.) ► **MIGUEL PEREZ**Signature ► **Miguel Perez** Date ►

Note: Do not write below this line. For official use only.

| | | | | | |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ► | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|