

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

FILED

02 JUL 29 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107716

1. Entity Name

KRISTENE BEAUTY PARLOR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11980 SW 8ST

Suite, Apt. #, etc.

#8

City & State
MIAMI, FL

Zip
33193

Country
US

3. Mailing Address

11980 SW 8ST

Suite, Apt. #, etc.

#8

City & State
MIAMI, FL

Zip
33193

Country
US

2002 UBR

4. FEI Number
65-1060002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHRISTINE E. ARGENTO

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

15856 SW 79 TERRACE

City MIAMI

FL

Zip Code
33193

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) ☐

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 (P/D) ARGENTO, CHRISTINE E.
NAME
STREET ADDRESS 15856 SW 79 TERRACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000007117050--0
-08/14/02--01080--016
****150.00 ****150.00

TITLE (S/D) BALLART, ARMANDO
NAME
STREET ADDRESS 15856 SW 79 TERRACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE
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CITY-ST-ZIP

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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 Ika empowered.

SIGNATURE:

Christine Argento

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02

Date

Daytime Phone #

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KRISTENE BEAUTY PARLOR, INC.
DOC. # P00000107716

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY


CHRISTINE E. ARGENTO
PRESIDENT