

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115579

1. Entity Name

JULIANO'S STYL UNISEX, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90087 049 \*\*\*150.00

Principal Place of Business

15221 SW 80TH STREET #111  
MIAMI FL 33193

Mailing Address

15221 SW 80TH STREET #111  
MIAMI FL 33193

2. Principal Place of Business

6789 SW 8ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Florida

City & State

Zip

33144

Country

USA.

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARBELAEZ, JORGE E  
15221 SW 80TH STREET #111  
MIAMI FL 33193

7. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> Delete
NAME	ARBELAEZ, JORGE E	
STREET ADDRESS	15221 SW 80TH STREET #111	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALFONZO, JHONSSI I	
STREET ADDRESS	15221 SW 80TH STREET #111	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARBELAEZ, JULIO C	
STREET ADDRESS	15221 SW 80TH STREET #111	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMEJO, JOHUSEH L	
STREET ADDRESS	15221 SW 80TH STREET #111	
CITY-ST-ZIP	MIAMI FL 33193	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/01 (305) 261-6121

CR2E034 (10/00)