

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000029667**

1. Entity Name

WISHE'S BEAUTY CONCEPTS, INC

FILED

02 OCT 28 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2350 W. 84th ST

3. Mailing Address

12671 SW 28th ST

Suite, Apt. #, etc.

Suite # 10

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

MIRAMAR FL

Zip

33016

Country

MIAMI-DADE

Zip

33027

Country

BROWARD

4. FEL Number

914746079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

SHIRLEY MENESES

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

12671 S.W. 28th St

City

MIRAMAR

FL

Zip Code

33027

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

SHIRLEY MENESES

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

(NOTE: Registered Agent signature required when reinstating)

10/20/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SHIRLEY MENESES
12671 SW 28th ST
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **SHIRLEY MENESES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02

786 3262417

Date

Daytime Phone

Miami October 24, 2002

Department of State
Corporation Section
Tallahassee, Florida

RE: Wishe's Beauty Concepts
Current Status

Dear,

In reference to above captioned corporation, I sent payment on or about April 2002 to pay for fees on the annual report before due date. (Copy of the check cashed was already submitted)

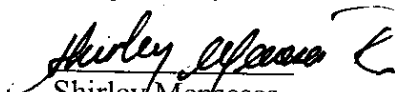
I did not receive any correspondence from the department advising me of any pending requirement or payment.

Enclosed please find another Annual report fully executed and signed.

Please process this instrument and verify that my corporation is active so I can proceed to change the name I sent to the department before.

If you have any questions or need further assistance don't hesitate to call me at 786 3262417

Truly Yours,


Shirley Menseses