

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P01000032212**

1. Entity Name

BEST Style Salon, INC

02 DEC -3 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

560 E. OSCEOLA PKWY
Suite, Apt. #, etc.

3. Mailing Address

560 E. OSCEOLA PKWY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

4. FEI Number

59-3706306

Applied For
Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

EZAIRA L. DOS SANTOS

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

560 E. OSCEOLA PKWY

City

Kissimmee

FL

Zip Code

34744

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/20/02

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 **D/P/S/T**
NAME **EZAIRA L. DOS SANTOS**
STREET ADDRESS **560 E. OSCEOLA PKWY**
CITY - ST - ZIP **KISSIMMEE, FLORIDA 34744**

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02

407-932-3999

Date

Daytime Phone #

CR2E034B (12/01)

November 20, 2002

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find check issue to you in the amount of \$150.00. As I mentioned over the telephone to you, it appears that I did not received the corporation renewal notice in order for us to renew our corporation by May 1. Given that this is our first year incorporated, we were not aware of said filing. Please accept our apologies and the enclosed. Also, please note our address since you seem to have the wrong one. Please adjust your records accordingly and renew our corporation. We will now have on our records this matter of renewal so that this does not reoccur in the future. Should you have any question, you may give me a call at 407-932-3999. Thank you.

Sincerely,



Ezaira L. Dos Santos
President
Best Style Salon, Inc.
Doc#P01000032212

Please note our address:
Best Style Salon, Inc.
560 E. Osceola Parkway
Kissimmee, Florida 34744-1612