

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90210 044 ***150.00

DOCUMENT # P01000035021

1. Entity Name
JJ BEAUTY SALON, INC.

Principal Place of Business

**18334 N W 7TH AVENUE
 MIAMI FL 33169**

Mailing Address

**18334 N W 7TH AVENUE
 MIAMI FL 33169**

978807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, SECIL
 18334 N W 7TH AVENUE
 MIAMI FL 33169**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P JOHNSON, SECIL**
 STREET ADDRESS **13001 N W 18TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE ☐ Delete
 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

9/4/02

Date

Daytime Phone #

CR2E034 (4/02)

Attchment

978807

September 4 2002

Division Of Corporations
PO Box 6327
Tallahassee, Fl 32314.

Re: JJ Beauty Salon, Inc.
Document # P01000035021

Gentlemen,

As per our conversation enclosed please find renewal application and check for \$150.00 for the above named Corporation.

I had explained that I did not receive the original renewal forms I am receiving this form for the first time, and I am hereby requesting that you waive any penalties that might have accrued.

This is as per conversation with Matt Andrews on 9/3/02.

We apologize for any inconvenience.

Yours truly,

Secil Johnson

Secil Johnson
President.