

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

5/21

05-02-2003 90141 039 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secil Johnson
Date **4/28/03** Daytime Phone #

CR2E034 (10/02)

Attachment# **55044370**
PO1000035021

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 00-0000000

OMB No. 1545-0003

Type
or
print
clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested JJ BEAUTY SALON, INC.																	
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name JJ BEAUTY SALON, INC.															
4a Mailing address (room, apt., suite no. & street, or P.O. box) 18334 NW 7 AVENUE		5a Street address (if different) (Do not enter a P.O. box.) 18834 NW 7TH AVENUE															
4b City, state, and ZIP code Miami FL 33169		5b City, state, and ZIP code MIAMI, FLORIDA 33169															
6 County and state where principal business is located DADE, FLORIDA																	
7a Name of principal officer, genl. partner, grantor, owner, or trustee SECIL JOHNSON		7b SSN, ITIN, or EIN 058-50-2650															
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) 058-50-2650 <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal govts./enterprises Group Exemption Number (GEN) ▶																	
8b If a corporation, name the state or foreign country (if applicable) where incorporated FL		Foreign country															
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new busn. (specify type) ▶ BEAUTY SALON <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶																	
10 Date business started or acquired (month, day, year) 04-24-1997		11 Closing month of accounting year DECEMBER															
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ UNKNOWN																	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>			Agricultural	Household	Other	0	0	0									
Agricultural	Household	Other															
0	0	0															
14 Check one box that best describes principal activity of your business. <table border="1"><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Rental & leasing</td><td><input type="checkbox"/> Transportation & warehousing</td><td><input type="checkbox"/> Health care & social assistance</td><td><input type="checkbox"/> Wholesale -- agent/broker</td></tr><tr><td><input type="checkbox"/> Real estate</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Finance & insurance</td><td><input type="checkbox"/> Accommodation & food service</td><td><input type="checkbox"/> Wholesale--other <input type="checkbox"/> Retail</td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> Other (specify) BEAUTY SALON</td><td colspan="2"></td></tr></table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale -- agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale--other <input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Other (specify) BEAUTY SALON				
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<input checked="" type="checkbox"/> Other (specify) BEAUTY SALON																	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. BEAUTY SALON																	
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.																	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, yr.) City and state where filed Previous EIN																	

Third Party Designee	Complete this section only if you want to authorize named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's tax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ SECIL JOHNSON PRESIDENT		305 650-0590
Signature ▶ Secil Johnson	Date ▶ 7/27/03	Applicant's tax number (include area code)