

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90020 009 ***150.00

DOCUMENT # P01000046629

1. Entity Name
CATAUR'S BEAUTY PARLOR INC.

Principal Place of Business

10701 SW 3 ST
MIAMI FL 33174

Mailing Address

10701 SW 3 ST
MIAMI FL 33174

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1101629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSALES, MARLENE
10701 SW 3 ST
MIAMI FL 33174

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. 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

TITLE PD
NAME CABEZAS, RORAIMA
STREET ADDRESS 1056 NW 128 PL
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE STD
NAME ROSALES, MARLENE
STREET ADDRESS 1056 NW 128 PL
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-05-02 305-2040611

CR2E034 (4/02)

Attachment
Doc #
P01808046629

July 5, 2002

119791

FROM : CATAUR'S Beauty Parlor INC

TO : DIVISION of CORPORATIONS

UBR P.O. BOX 1500

TALLAHASSEE, FLA 32302-N00

I MARLONE D, Rosales that Represent The Corporation CATAUR'S, I Receive The first notice on July 2, 2002.

However I send The original \$150 filing fee. Because I did not Receive The Prior Notice, Thank you.

Sincerely yours
RORAINA CABEZAS & MARLONE D, Rosales
CATAUR'S Beauty Parlor INC.
FEI # 65-1101629
10701 SW 3TH Street
MIAMI FLA 33174