

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-21-2002 90883 013 ***150.00

DOCUMENT # P01000057866

1. Entity Name

MONIQUE UNISEX BEAUTY SALON INC.

Principal Place of Business

**16764 NE 2 AVENUE
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**16764 NE 2 AVENUE
 NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

2016 N.E 170 ST
 Suite, Apt. #, etc.

3. Mailing Address

2016 N.E 170 ST
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

05113534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PURCELL, MONICA
 16764 NE 2 AVENUE
 NORTH MIAMI BEACH FL 33162**

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.

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **PURCELL, MONICA**
 STREET ADDRESS **766 RICH DRIVE #206**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
 NAME **PURCELL, JACQUELINE**
 STREET ADDRESS **3252 FOXCROFT ROAD UNIT 108 BLDG. #2**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4), 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 a ☐ other line empowered.

SIGNATURE:

MONICA E. PURCELL
 SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

4/1/02 (786) 417 8330
 Date Daytime Phone #

CR2E034 (9/01)