

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90020 040 \*\*\*150.00

0008636  
 AT

**DOCUMENT # P01000112041**

1. Entity Name

**COSMOS UNISEX BEAUTY SALON INC.**

Principal Place of Business

Mailing Address

13170 SW 66 TERRACE  
 SUITE 1802 B  
 MIAMI FL 33183

13170 SW 66 TERRACE  
 SUITE 1802 B  
 MIAMI FL 33183

00046411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2742 SW 8 St. # 16

3. Mailing Address

4338 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI. FL. 33135

City & State

MIAMI. FL

4. FEI Number

01-0613549

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

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

**NATIONSCORP REGISTERED AGENTS, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD**  
**ACEVEDO, RAUL**  
**CALLE CHACAO ED. ROBLE PISO 3 APTO C**  
**MACARACUAY CARACAS VENEZUELA** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**RODRIGUEZ DE ACEVEDO, MARIA FATIMA**  
**CALLE CHACAO ED. ROBLE PISO 3 APTO C**  
**MACARACUAY CARACAS VENEZUELA** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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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

Date

Daytime Phone #

CP2E034 (9/01)