


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 AUG 15 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048866  
1. Entity Name  
JUDITH PROFESSIONAL UNISEX BEAUTY SALON



**DO NOT WRITE IN THIS SPACE**

700022481477  
08/21/03--01052--025 \*\*150.00

2. Principal Place of Business  
1415 ALGERIA AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
10822 N.E. 6TH STREET  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL GABLES, FL

City & State  
MIAMI, FL

Zip  
33134

Country  
USA

Zip  
33161

Country  
USA

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name QUINONES, CARMEN

Street Address (P.O. Box Number is Not Acceptable)  
10822 N.E. 6TH STREET

City MIAMI FL Zip Code 33161

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 *Carmen Quinones Registered Agent* 8/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD, QUINONES, CARMEN 1415 ALGERIA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD, QUINONES, DOMINGO 1415 ALGERIA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen Quinones* 8/10/03 (305) 266-1067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

9/8/15

Judith Professional Unisex Beauty Salon, Inc.

10822 N.E. 6<sup>th</sup> Avenue  
Miami, FL 33161

August 11, 2003


Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P.O. No: P02000048866, 2003 UBR Form

Dear Sir or Madam:

Please be advised that we did not receive the filing fee at the correct address, hence, why it was not paid on time. The correct address for the aforementioned company is 10822 N.E. 6<sup>th</sup> Avenue, Miami, FL 33161. Please make the necessary changes in your records. Enclosed, please find a check in the amount of \$150.00 as payment for the Uniform Business Report. Thank you for your anticipated attention regarding this matter. If you should have any questions, do not hesitate to contact the undersigned.

Sincerely,

x   
Carmen Quinones, President  
Judith Professional Unisex Beauty Salon, Inc.