

**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

2. Principal Place of Business
1415 ALGERIA AVENUE

3. Mailing Address
10822 N.E. 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State
MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33161

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/02
DATE

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	TITLE NAME STREET ADDRESS CITY - ST - ZIP
PTD, QUINONES, CARMEN 1415 ALGERIA AVENUE CORAL GABLES, FL 33134	
SVD, QUINONES, DOMINGO 1415 ALGERIA AVENUE CORAL GABLES, FL 33134	

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/02 (305) 266-1067
Date Daytime Phone #

CR2E034B (12/02)

8/15

Judith Professional Unisex Beauty Salon, Inc.

10822 N.E. 6th 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. 6th 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.