

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P02000103061

1. Entity Name

INTERNATIONAL UNISEX STYLING, CORP.

Principal Place of Business

Mailing Address

3741 SW 8TH STREET
MIAMI, FL 33135

3741 SW 8TH STREET
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3873589

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75

Additional

Fee Required

DO NOT WRITE IN THIS SPACE

FILED

03 MAY -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

SANTOS, MARTHA
5920 SW 16TH STREET
MIAMI, FL 33155

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
SANTOS, MARTHA
5920 SW 16TH STREET
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600019739936
05/22/03--01053--025 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
CABRERA, MARTA
13791 SW 20TH STREET
MIAMI, FL 33175 ☒ Delete

TITLE
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☐ 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 of 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:

Martha Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

Date

Daytime Phone #

CRE034 (9/99)