

2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90091 017 ***150.00

DOCUMENT # P03000086217 _

1. Entity Name

Jona Fashion Beauty Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2420 N.W. 27th Ave.

Suite, Apt. #, etc.

3. Mailing Address

2420 N.W. 27th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142-7234

Country

USA

City & State

Miami, FL

Zip

33142-7234

Country

USA

4. FEI Number

54-2124853

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
Santos, Jose M.Street Address (P.O. Box Number is Not Acceptable)
6640 West 24th Ct.

Apt. 101

City
Hialeah

FL

Zip Code
33016

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

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

(NOTE: Registered Agent signature required when reinstating)

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	D/P
NAME	Nunez, Simona
STREET ADDRESS	6640 West 24th Ct., Apt. 101
CITY - ST - ZIP	Hialeah, FL 33016

TITLE	D/T/S
NAME	Santos, Jose M.
STREET ADDRESS	6640 West 24th Ct., Apt. 101
CITY - ST - ZIP	Hialeah, FL 33016

TITLE	
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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)(f), 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: *Simona Nunez*

Simona Nunez

305-634-5397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #