

2006

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

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90155 004 ***150.00

DOCUMENT # P05000003710
1. Entity Name Flor Beauty Salon, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1898 N.W. 36th St. Suite, Apt. #, etc.	3. Mailing Address 1898 N.W. 36th St. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33142	Zip 33142
Country USA	Country USA

4. FEI Number 20-2580641	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Chevalier, Jhonatan
Street Address (P.O. Box Number is Not Acceptable)
2401 N.W. 10th Ave.
Apt. 307
City Miami **FL** **Zip Code** 33127

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/T/S Chevalier, Jhonatan 2401 N.W. 10th Ave., Apt. 307 Miami, FL 33127
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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:

Jhonatan Chevalier

305-637-2028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #