## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 21, 2001 8:00 am DOCUMENT # P92000009395 **Secretary of State** LA RUE COIFFEUR BEAUTY SALON INC. 02-21-2001 90064 029 \*\*\*150.00 Principal Place of Business Mailing Address 404 16TH ST 404 16TH ST MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 110114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0372781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, CARMEN Street Address (P.O. Box Number is Not Acceptable) 404 16TH STREET MIAMI BEACH FL 33139 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 3R2E034 (10/00) TITLE Delete TITLE Addition RODRIGUEZ, CARMEN NAME NAME 404 16TH STREET STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RODRIGUEZ, CARMEN NAME NAME 404 16TH STEET STREET ADDRESS STREET ADDRESS MIAMI, BEACH, FL. 33139 ... CITY-ST-ZIP. CITY-ST-ZIP\_ TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZtP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or 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.