

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012781

1. Entity Name
UNISEX HAIR BY MIRIAM, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90259 043 ***150.00

Principal Place of Business

3905 S.W. 137TH AVE.
SUITE 5
MIAMI FL 33175
US

Mailing Address

3905 S.W. 137TH AVE.
SUITE 5
MIAMI FL 33175
US

2. Principal Place of Business

13800 S.W. 8 St.

Suite, Apt. #, etc.

#265

City & State

Miami, FL

Zip

33184

Country

3. Mailing Address

13800 S.W. 8 St.

Suite, Apt. #, etc.

#265

City & State

Miami, FL

Zip

33184

Country

4. FEI Number 65-0386456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ALPIO
3905 SW 137TH AVENUE
SUITE #5
MIAMI FL 33175

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, MIRIAM
STREET ADDRESS 3905 S.W. 137TH AVE., SUITE 5
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE VPD
NAME ARANDA, JUAN EDUARDO
STREET ADDRESS 13800 SW 8TH STREET, SUITE 265
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 778-2143

CR2E034 (10/00)