

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000267003

1. Entity Name **LU-MAR HAIR DESIGNER INC.**

8878 Coral Way

Principal Place of Business Mailing Address

**8878 CoralWay  
MIAMI, FL 33165**

FILED

01 JUN 19 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**8878 Coral Way**

3. Mailing Address  
**8878 Coral Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0937183**

Applied For  
Not Applicable

Zip  
**33165**

Country  
**MIAMI-DADE**

Zip  
**33165**

Country  
**MIAMI-DADE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Ramon Monzon**

Street Address (P.O. Box Number is Not Acceptable)

**11920 S.W. 24TH TER**

City

**MIAMI, FL**

**FL**

Zip Code  
**33175**

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.

**Ramon Monzon**  
*Ramon Monzon*

**5/31/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **Iraida Monzon**  
STREET ADDRESS **11920 SW 24th TER**  
CITY-ST-ZIP **MIAMI, FL 33175**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **600004458556-4**  
STREET ADDRESS **-07/05/01--01003--014**  
CITY-ST-ZIP **\*\*\*\*450.00 \*\*\*\*450.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **99-01 UBR**  
CITY-ST-ZIP **TS**

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: **Iraida Monzon President**  
*Iraida Monzon*

**5/31/01**

**305-225-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)