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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90010 041 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081525

1. Corporation Name

NEW CREATIONS BEAUTY SALON, INC.

Principal Place of Business

20426 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33180

Mailing Address

20426 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1993

4. FEI Number

65-0456110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 17931 BISCAYNE BLVD
Suite, Apt. #, etc.

22 AVENTURA FL

City & State

23 33160

Zip

Country

24

2a. Mailing Address

26 17931 BISCAYNE BLVD
Suite, Apt. #, etc.

27 AVENTURA FL

City & State

28 33160

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GENTILE, MARIO
20426 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name GENTILE MARIO

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

17931 BISCAYNE BLVD
AVENTURA - FL

84 City

FL

85 Zip Code

33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
GENTILE, MARIO
STREET ADDRESS
20426 BISCAYNE BLVD
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33180

1.2 NAME ☐ DELETE

NAME
LEIBOVICH, MALKA
STREET ADDRESS
20426 BISCAYNE BLVD
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33180

1.3 STREET ADDRESS ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Gentile Pres.

1/16/99

(305)

933-3631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)