

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034139

1. Entity Name
TOGETHER BEAUTY SALON INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90062 014 ***158.75

Principal Place of Business

2970 NW 17TH AVE.
MIAMI FL 33142

Mailing Address

2970 NW 17TH AVE.
MIAMI FL 33142

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROSARIO, IRMA
1241 NW 202 ST
MIAMI FL 33169~~

Name **GUILLERMO ALVAREZ**

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

375 NW 153 ST

City **MIAMI FL**

FL Zip Code **33169**

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

4-25-01

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 **ROSARIO, IRMA**
STREET ADDRESS **1241 NW 202 ST**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **GUILLERMO ALVAREZ**
STREET ADDRESS **375 NW 153 ST**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **ELIEZER ALVAREZ**
STREET ADDRESS **1241 NW 202 ST**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 (305) 633-3811

CR2E034 (10/00)