

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023966

1. Entity Name

CREATIVE BEAUTY SYSTEMS, INC.

Principal Place of Business

1916 W. 60TH STREET
HIALEAH FL 33012

Mailing Address

1916 W. 60TH STREET
HIALEAH FL 33012-7598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ, MARIA A
1916 W. 60TH STREET
HIALEAH FL 33012

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, 2000 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 PD
NAME VAZQUEZ, MARIA A
STREET ADDRESS 3242 N.W. 99TH STREET
CITY-ST-ZIP MIAMI FL 33147

☐ Delete

TITLE VD
NAME VAZQUEZ, MARIA E
STREET ADDRESS 3242 N.W. 99TH STREET
CITY-ST-ZIP MIAMI FL 33147

☐ Delete

TITLE
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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:

Maria A. Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90115 001 *****8.75

04-12-2000 90115 002 ***150.00

7374



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0591475

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E034 (9/99)