

2004 UNIFORM BUSINESS REPORT (UBR)

2004 - ANNUAL UNIFORM BUSINESS REPORT

ATX1

DOCUMENT #

P950000081784

1. Entity Name

INEZ BEAUTY SALON, INC. OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

591 N.W. 189TH TERRACE
MIAMI, FL 33169-395
INEZ WILLIAMS

2. Principal Place of Business

3015 N.W. 79TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-0644278

Applied For

Not Applicable

Zip

Country

33147-4705

Zip

Country

33169

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

BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI, FLORIDA 33056-1722

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

\$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME INEZ WILLIAMS
STREET ADDRESS 591 N.W. 189TH TERRACE
CITY - ST - ZIP MIAMI, FLORIDA 33169-395

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300033724373
04/23/04--01025--014 **150.00

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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

INEZ WILLIAMS

4/8/2004

305-652-5298

Date

Daytime Phone #

CR2E034 (9/99)