

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90004 033 ***158.75

DOCUMENT # P96000011423

1. Entity Name
HEAD QUARTER UNISEX II CORPORATION

Principal Place of Business

**15741 SHERIDAN STREET
 DAVIE FL 33331
 US**

Mailing Address

**15741 SHERIDAN STREET
 DAVIE FL 33331**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

13021 SW 17TH COURT

MIRAMAR FL

33027

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0638813**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INOCENTE V HERNANDEZ
 13021 SW 17TH COURT
 MIRAMAR FL 33027**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☒ Delete
 NAME **ANET PENA**
 STREET ADDRESS **1840 SW 135 WAY**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **S/VP** ☐ Delete
 NAME **CARMEN HERNANDEZ**
 STREET ADDRESS **13021 SW 17 CT**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **T** ☒ Delete
 NAME **ANET PENA**
 STREET ADDRESS **1840 SW 135 WAY**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☐ Change ☒ Addition
 NAME **INOCENTE HERNANDEZ**
 STREET ADDRESS **13021 SW 17 CT.**
 CITY-ST-ZIP **MIRAMAR, FL. 33027**

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

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

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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 #

1/11/02 (954) 433 3128

CR2E034 (9/01)