

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000067422

1. Entity Name

BOUTIDES SALON CORP.

FILED

03 APR 30 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7441 WAYNE AVE-APT 14-J

3. Mailing Address

7441 WAYNE AVE APT 14-J

Suite, Apt. #, etc.

14-J

Suite, Apt. #, etc.

14-J

DO NOT WRITE IN THIS SPACE

03

City & State
MIAMI BEACH FLORIDA

City & State
MIAMI BEACH FLORIDA

4. FEI Number
65-0687915

Applied For
Not Applicable

Zip
33141

Country
MIAMI-DADE

Zip
33141

Country
MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HILDA BOU

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

7441 WAYNE AVENUE APT 14 J

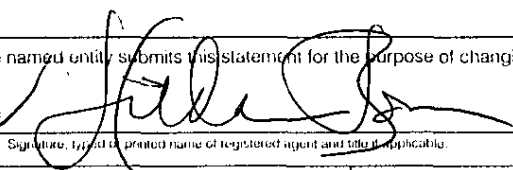
City
MIAMI, FLORIDA

FL

Zip Code
33141

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



JANUARY 20, 2003

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
HILDA BOU
7441 WAYNE AVENUE APT 14J
MIAMI BEACH, FLORIDA 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100017339701
04/30/03--U1006--005 **150.00

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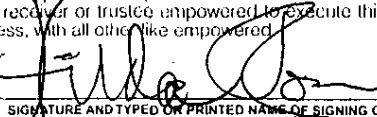
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE



HILDA BOU-PRESIDENT JAN-20/2003 305-718-3990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP 2004R (1/01)