

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

DOCUMENT # P96000071317

1. Entity Name:

ZUNI BEAUTY SALON, INC.

FILED

02 MAY 21 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11382 SW 184 ST

Suite, Apt. #, etc.

3. Mailing Address

11382 SW 184 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI, FL

4. FEI Number

650694335

Applies For
Not Applicable

Zip
33157

Country
USA

Zip
33157

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
LEONARDO O. MACIAS

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

11492 QUAIL ROOST DRIVE

City
MIAMI

FL Zip Code
33157

**DO NOT WRITE
IN THIS SPACE**

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

Leonardo O. Macias

Typed or printed name of registered agent and title if applicable

(NO 11. Registered Agent signature required when registering)

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 \$250.00

Assessed 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
PRESIDENT ZUNILDA E. ANGULO
15800 SW 98 CT.
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100005678321-9

06/04/02-01086-004

****450.00 ****450.00

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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)(b), 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:

Zuni/De Etall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02

DATE

Signature of Officer or Director

20f2

ZUNI BEAUTY SALON, INC.
DOC.#P96000071317

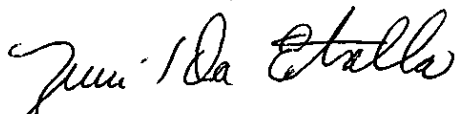
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.


CORDIALLY
ZUNILDA E. ANGLERO
PRESIDENT