

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027836

1. Entity Name

K & K CLASSIQUE SALON, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90123 010 ***150.00

Principal Place of Business

Mailing Address

15610 S.W. 80TH ST.
NO. 101
MIAMI FL 33193

15610 S.W. 80TH ST.
NO. 101
MIAMI FL 33193-2655

2. Principal Place of Business

3. Mailing Address

27875 S Dixie Hwy 15610 SW 80th,
Suite Apt. #, etc. #101

City & State Miami FL

Zip 33032 Country FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0735121

Applied For
Not Applicable

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

KONG, JOHN
15610 S.W. 80TH ST.
NO. 101
MIAMI FL 33193

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 NAME STREET ADDRESS CITY-ST-ZIP	D KONG, JOHN 15610 S.W. 80TH ST APT 101 MIAMI FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONG, CICELYN 15610 S.W. 80TH ST APT 101 MIAMI FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

John Kong 4/25/00 (388-)
Cicelyn Kong 4/25/00 (388-)
245-004