

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000083904**

1. Entity Name

**REINA'S BEAUTY SALON, INC.**

Principal Place of Business

Mailing Address

**1629 S.W. 107 AVE  
MIAMI, FLA 33165**

**1629 S.W. 107 AVE  
MIAMI, FLA 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-0786695**

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

**REINA GONZALEZ  
4125 S.W. 111TH AVE  
MIAMI, FLA 33165**

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, 2001 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 <b>P/D</b>	NAME <b>REINA GONZALEZ</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>4125 S.W. 111 AVE</b>		
CITY-ST-ZIP <b>MIAMI, FLA 33165</b>		
TITLE <b>V/D</b>	NAME <b>JIVIAN HERMOSEA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>15339 S.W. 42TH TERR</b>		
CITY-ST-ZIP <b>MIAMI, FLA 33185</b>		
TITLE <b>S</b>	NAME <b>GASTON BARRON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1901 S.W. 99TH CT</b>		
CITY-ST-ZIP <b>MIAMI, FLA 33165</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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

Date

Daytime Phone #

**REINA GONZALEZ** **2/10/00** **305-544-7127**

**FILED**

**01 FEB 28 PM 4:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

3/5/01