

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105149

1. Entity Name

MUNDIAL BEAUTY SUPPLIES INC.

Principal Place of Business

6993 NW 50 ST.
MIAMI FL 33166

Mailing Address

6993 NW 50 ST.
MIAMI FL 33166

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 65-0822813

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

PARRA, FRANCISCO H
11861 SW 16 ST BLD 132
PEMBROKE PINES FL 33025

Name FRANCISCO H. PARRA

Street Address (P.O. Box Number is Not Acceptable)
1075 W 77 ST APT 109

City Hialeah

FL

Zip Code 33014

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

Francisco H. Parra

04-30-01

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 P
NAME PARRA, FRANCISCO H
STREET ADDRESS 11861 SW 16 ST BLD 132
CITY-ST-ZIP PEMBROKE PINE FL 33025 ☐ Delete

TITLE P
NAME PARRA, FRANCISCO H. ☒ Change ☐ Addition
STREET ADDRESS 1075 W 77 ST APTD 109.
CITY-ST-ZIP Hialeah FL 33014.

TITLE S
NAME FUESTE, SANDRA
STREET ADDRESS 11861 SW 16 ST BLD 132
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE S
NAME FUENTE, SANDRA ☒ Change ☐ Addition
STREET ADDRESS 1075 W 77 ST APTD 109
CITY-ST-ZIP Hialeah, FL 33014.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Francisco H. Parra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01

Date

786-2023210

Daytime Phone #

CR2E034 (10/00)

0207593

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90160 043 ***158.75

762658



DO NOT WRITE IN THIS SPACE