

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 027 ***158.75

DOCUMENT # P9700010549 ✓
1. Entity Name
MUNDIAL BEAUTY SUPPLIES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6993 N.W 50 ST</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI</u>		City & State	
Zip <u>33166</u>	Country <u>FL</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>650822813</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name FRANCISCO PARRA
Street Address (P.O. Box Number is Not Acceptable)
1075 West 77 St Apt 109
City Hialeah 1 **FL** Zip Code 33014

**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

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) ☐

**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	<u>FRANCISCO PARRA</u> <u>1075 W 77 St Apt 109 Hialeah FL 33014</u> <u>P</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sandra Fuerte</u> <u>1075 W 77 St Apt 109 Hialeah FL 33014</u> <u>S</u>
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

786-2023210

Daytime Phone #

CR2E034B (12/01)