

2001 UNIFORM BUSINESS REPORT (UBR)

8/24/01-90002-016-\$550.00-\$550.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018613			
1. Entity Name NERV'S BEAUTY SALON, CORP. ✓			
Principal Place of Business A		Mailing Address	
2. Principal Place of Business 3110 WEST 76 STREET		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH - FLORIDA		City & State	
Zip 33016	Country MIAMI - DADE	Zip	Country
4. FEI Number 65-0815431		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NERV ROJAS 2608 WEST 70 ST. HIALEAH, FL 33016		7. Name and Address of New Registered Agent	
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 reappointing) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		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 PSTD NAME STREET ADDRESS CITY-ST-ZIP	NERV ROJAS 2608 WEST 70 ST. HIALEAH-FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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)(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 Block 12 if changed, or on an attachment to this address, with all other like empowered.			
SIGNATURE: Nerv Rojas		8/13/01 (305) 622-9849	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR26034 (11/00)