

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059982

1. Entity Name

SLAVES OF BEAUTY SALON, INC.



**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90004 032 \*\*\*150.00

Principal Place of Business

901 PROGRESS DR  
#5  
FORT LAUDERDALE FL 33304

Mailing Address

901 PROGRESS DR  
#5  
FORT LAUDERDALE FL 33304

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

65-0863261

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

HERNANDEZ, LUIS C  
901 PROGRESS DR  
#5  
FORT LAUDERDALE FL 33304

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PTD HERNANDEZ, LUIS C 901 PROGRESS DR #5 FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CAMBRA, SONIA 2972 NW 55 AVE, 2D FORT LAUDERDALE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00

Date

Daytime Phone #

954  
779-3499

CR2E034 (5/00)

*Attachment*

*#P98000059982  
DW77480*

July 25<sup>th</sup>, 2000.

Florida Department Of State  
Katherine Harris  
Secretary of State  
Division of Corporations

Ms. Harris:

I am taking a little of your time to address a matter of importance to my corporation, I have received a second annual report. I did send the first package on the second week of April.

I sincerely apologize for this mistake. It is the Post Office services that need to be improved for that I only represent a very small operation and I try to do a good job sending all my due fees 2 or 3 weeks before the due date.

I am enclosing a second check for the amount owed 150.00 and already put a stop payment on the first check.

I appeal to your understanding towards small businesses and appreciate your anticipated support.

Sincerely,



Luis C. Hernandez  
Slaves of Beauty Inc.  
President

SLAVES OF BEAUTY, INC.  
LUIS HERNANDEZ  
901 PROGRESSO DR., #L-5  
FORT LAUDERDALE, FL 33304  
PH: 954-779-3499 FAX 954-779-1871  
luciah23@aol.com

63-27  
631

Date 4-2-00 1401

Dept of State  
One hundred & fifty only \$150.  
Dollars

BANK OF AMERICA  
02082 FL

For 65-0863261

Luis C. Hernandez

00631002771: 003661146180 1401

ATTN: D# 09800059982  
0007480