

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90154 008 ***150.00

DOCUMENT # P98000059982

1. Entity Name
SLAVES OF BEAUTY SALON, INC.

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

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0863261**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SVD
CAMBRA, SONIA
2972 NW 55 AVE, 2D
FORT LAUDERDALE FL 33313 ☐ Delete

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

TITLE
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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02 954-7793499
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
P98000059982

975611

Uniform Business Report
Division of Corporations
Mrs. Katherine Harris
Secretary of State

To whom it may concern:

The reason for my letter is to notify your offices that I had indeed sent my renewal (annual report) in the month of February of the current year. I am enclosing a copy of the form, and check I sent. I apologize for this inconvenience but postal service has a lot to be desired from. I am reissuing the check for 150.00 dollars and expect understanding from your part in this matter.

Sincerely,

Luis C. Hernandez
Luis Hernandez

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

0305676 AV

9756.11

DOCUMENT # **P98000059982**

1. Entity Name
SLAVES OF BEAUTY SALON, INC.

Principal Place of Business
**901 PROGRESS DR
#5
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

Suite, Apt. #, etc.

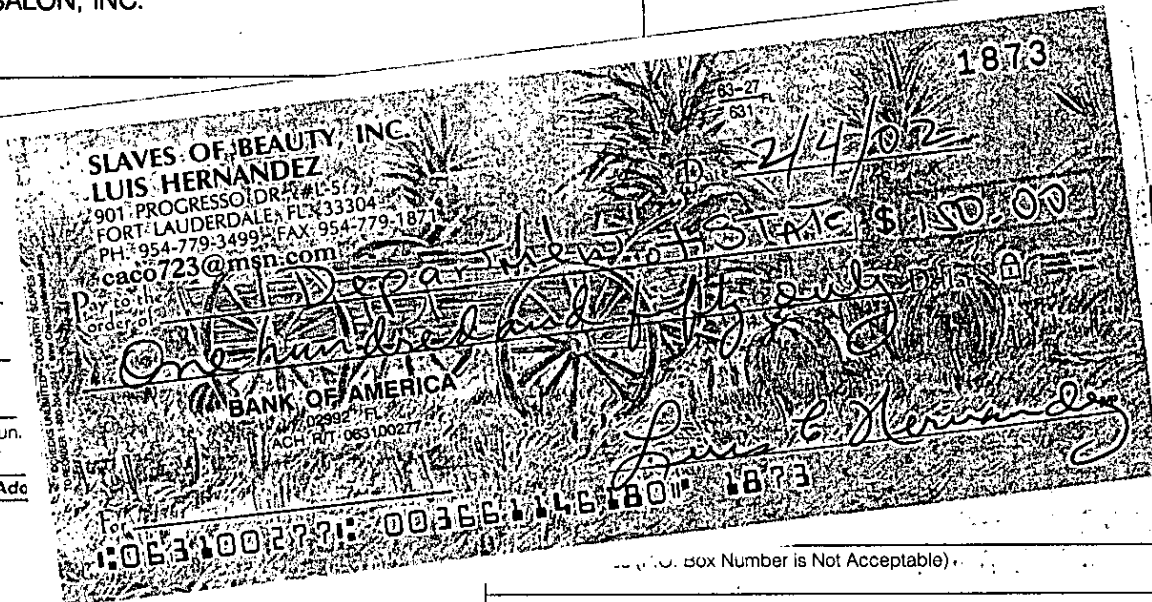
City & State

Zip

Coun.

6. Name and Address

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



For
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al

City

FL

Zip Code

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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, 2002 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

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
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Luis C Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 954-7793499
Date Daytime Phone #

CR2E034 (9/01)