

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011200

1. Entity Name

GUIRIBITEY COSMETIC & BEAUTY INSTITUTE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90042 017 ***150.00

Principal Place of Business

1728 CORAL WAY
MIAMI FL 33145

Mailing Address

1728 CORAL WAY
MIAMI FL 33145-2729

2. Principal Place of Business

1871 Coral Way Suite #201
MIAMI FL 33145

3. Mailing Address

1871 Coral Way
MIAMI FL 33145

Suite, Apt. #, etc.

Suite #201

Suite, Apt. #, etc.

Suite #201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33145

Country

Zip

33145

Country

4. FEI Number

65-0892527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, TATIANA
3368 N.W. 17 STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name TATIANA GOMEZ

Street Address (P.O. Box Number is Not Acceptable)

8820 Fontainebleau Blvd. Apt #304

City MIAMI

FL

Zip Code 33172

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

TATIANA GOMEZ (President)

1/12/00

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)

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FILE NOW!!! FEE IS \$150.00

After MAY-1, 2000: Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GOMEZ, TATIANA
STREET ADDRESS 3368 N.W. 17 STREET
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE TD
NAME GUIRIBITEY, PEDRO
STREET ADDRESS 3368 N.W. 17 STREET
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE SD
NAME BRITO, MARIBLANCA
STREET ADDRESS 5005 COLLINS AVENUE, APT. 802
CITY-ST-ZIP MIAMI BEACH FL 33140

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Secretary
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE Vice President
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

(305) 285-2220

Daytime Phone #

CR2E034 (9/99)