

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040405

Entity Name
FINALLY BEAUTY SALON, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90102 010 ***150.00

Principal Place of Business
NW 116 ST
FL 33168

Mailing Address
95 NW 116 ST
MIAMI FL 33168-4420

Principal Place of Business
13080 NW 79th
Suite, Apt. #, etc.

3. Mailing Address
13080 NW 79th
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33168

Country
USA

Zip
33168

Country
USA

4. FEI Number
APPLIED FOR.

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CLERVIL, MARIE G
95 NW 116 ST
MIAMI FL 33168

7. Name and Address of New Registered Agent
Name
MARIE G. CLERVIL
Street Address (P.O. Box Number is Not Acceptable)
13080 NW 79th
13080 NW 79th
City
MIAMI FL Zip Code
33168

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-23-00

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, 2000 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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CLERVIL, MARIE G		STREET ADDRESS	13080 NW 79th	
CITY-ST-ZIP	95 NW 116 ST MIAMI FL 33168		CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CLERVIL, RODRIGUE		STREET ADDRESS		
CITY-ST-ZIP	95 NW 116 ST MIAMI FL 33168		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Blervil President 2-23-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)