

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045990

1. Entity Name

D & D BEAUTY SUPPLY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 27 AM 10:35

Principal Place of Business

9A S.W. 107 AVE.  
MIAMI FL 33174

Mailing Address

9A S.W. 107 AVE.  
MIAMI FL 33174

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

05-0920263

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

MONTALVO, DEYANIRA  
9A S.W. 107 AVE.  
MIAMI FL 33174

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          | DP                 | <input type="checkbox"/> Delete |
| NAME           | GUZMAN, DULCE      |                                 |
| STREET ADDRESS | 9A S.W. 107 AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI FL 33174     |                                 |
| TITLE          | DS                 | <input type="checkbox"/> Delete |
| NAME           | MONTALVO, DEYANIRA |                                 |
| STREET ADDRESS | 9A S.W. 107 AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI FL 33174     |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

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

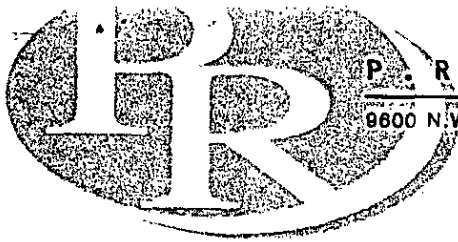
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

*Deyanira Montalvo*

Date

Daytime Phone #



P . R .   A c c o u n t i n g   S o l u t i o n s ,   I n c .

9800 N.W. 25 Street • Suite 4-G • Miami, Florida 33172 • Tel. 305-592-5002 • Fax. 305-592-5003

20fz

July 14, 2000

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn.: Customer Service  
Ref.: D & D Beauty Supply, Inc.  
9A S.W. 107<sup>th</sup> Ave.  
Miami, FL 33174-1415

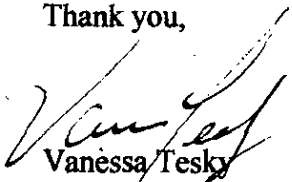
Subject: 2000 Annual Report

Dear Sir or Madam:

On April 1, 2000 Check #1507 was issued for the annual report of the above reference company after verifying with the bank such check has not been presented. I call the Division of Corporation on July 14, 2000 and spoke to gentlemen by the name of Mr. Smith he advice to replace the check along with this letter and a copy of the annual report.

If you need any additional information please do not hesitate to contact me at (305) 979-7503.

Thank you,

  
Vanessa Tesky  
Accountant

Enclosures