

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076594

1. Entity Name
AVIS UNISEX SALON, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90693 047 ***150.00

Principal Place of Business
7106 PEMBROKE RD.
MIRAMAR FL 33023

Mailing Address
7106 PEMBROKE RD.
MIRAMAR FL 33023



2. Principal Place of Business
6447 Pembroke Rd
Suite, Apt. #, etc.
Hollywood
City & State
Florida
Zip
33023
Country
Broward

3. Mailing Address
6447 Pembroke Rd
Suite, Apt. #, etc.
Hollywood
City & State
Florida
Zip
33023
Country
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945952
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

WILSON, AVIS N
15 N.E. 209 TERRACE
MIAMI FL 33179

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 Avis Wilson

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4-28-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, AVIS N	
STREET ADDRESS	15 N.E. 209 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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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: Avis Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 28-02 305 651 6110
Date Daytime Phone #

CF2E034 (9/01)

Attachment

869083



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 29, 2002

AVIS UNISEX SALON, INC.
6447 PEMBROKE RD
HOLLYWOOD, FL 33023

Subject: AVIS UNISEX SALON, INC.

Reference Number: **P99000076594**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mm

ANNUAL REPORTS SECTION

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE 32302-1500
FLORIDA

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314