

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081998

1. Entity Name
SALONFRANC, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90076 002 ***150.00

Principal Place of Business Mailing Address
6805 SW 40TH ST **6805 SW 40TH ST**
MIAMI FL 33155-3707 **MIAMI FL 33155-3707**

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 **65-0986499** Applied For
No: 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

MELENZ, FRANCISCO
1623 COLLINS AVE, SUITE #915
MIAMI BEACH FL 33139

Name **MELENZ, FRANCISCO**

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

3120 SW 138TH AVE

City **MIAMI FL** FL Zip Code **33175**

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 \$150.00
After MAY 1, 2001 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 NAME **P** ☐ Delete
MELENZ, FRANCISCO
STREET ADDRESS **1623 COWN AVE SUITE 915**
CITY-ST-ZIP **MIAMI FL 33-1369**

TITLE NAME **P** ☒ Change ☐ Addition
MELENZ, FRANCISCO
STREET ADDRESS **3120 SW 138TH AVE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Mendez

4/13/01

Date

Daytime Phone #

CR2E034 (10/00)