

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90003 003 ***150.00

00064248

DO NOT WRITE IN THIS SPACE

DOCUMENT # **099000086404**
 1. Entity Name **DADou nizef Beauty Salon INC**
12910 NE 8 Ave, Miami FL 33161

Principal Place of Business **12910 NE 8 Ave**
Miami, FL 33161
 Mailing Address **12910 NE 8 Ave**
Miami, FL 33161

2. Principal Place of Business **12910 NE 8 Ave**
 Suite, Apt. #, etc.
 3. Mailing Address **12910 NE 8 Ave**
 Suite, Apt. #, etc.

City & State **Miami, FL**
 Zip **33161** Country
 City & State **Miami, FL**
 Zip **33161** Country

4. FEI Number **65-0962604**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ADELIN D. JEAN
15323 NE 1st Court
Miami, FL 33162

7. Name and Address of New Registered Agent
 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 **Adeline Jean** **6/1/00**
 (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, 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**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ADELIN D. JEAN		STREET ADDRESS		
CITY-ST-ZIP	15323 NE 1st Court		CITY-ST-ZIP		
	Miami, FL 33162				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: **Adeline Jean** **6-1-00** **305-895-4992**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)