

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089777

1. Entity Name

SPLENDOR BEAUTY SALON, INC.

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90040 004 \*\*\*158.75

Principal Place of Business

Mailing Address

25 S.W. 136TH COURT  
MIAMI FL 33184

25 S.W. 136TH COURT  
MIAMI FL 33184-1035

2. Principal Place of Business

4790 NW 7ST

3. Mailing Address

4790 NW 7ST

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Miami Fla

City & State

Miami Fla

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

59-3605800

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARRAZANA, ILIANA  
25 S.W. 136TH COURT  
MIAMI FL 33184

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

Iliana Carrazana (President)

3/22/00

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, 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

TITLE PD  
NAME CARRAZANA, ILIANA  
STREET ADDRESS 25 S.W. 136TH COURT  
CITY- ST- ZIP MIAMI FL 33184 ☐ Delete

TITLE VD  
NAME CARRAZANA, SILFREDO  
STREET ADDRESS 25 S.W. 136TH COURT  
CITY- ST- ZIP MIAMI FL 33184 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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

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:

Iliana Carrazana PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

305 6481119

Daytime Phone #

CR2E034 (9/99)