

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000091074

1. Entity Name

PALM AVE. UNISEX, INC.

Principal Place of Business

Mailing Address

119 East 45 St.
Hialeah Fla. 33013

Same

2. Principal Place of Business

3. Mailing Address

119 E. 45 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah, Fla. 33013

4. FEI Number
65-0954561

Applied For
Not Applicable

Zip

Country

Zip

Country
Date

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

BALBINA CARIDAD CACHEIRO SUBIRES
119 East 45 St.
Hialeah, Fla. 33013

Name
Carmen Roselia Henriquez

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

2559 West 70th Place

City Hialeah, Fla. FL 33018

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

Carmen R. Henriquez

Carmen Roselia Henriquez

1-23-2001

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!
After MAY 1, 2001 Fee will be \$100.00
plus a 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 STREET ADDRESS CITY-ST-ZIP	P/D Balbina C. Cacheiro Subires 119 E. 45 St. Hia. Fl. 33013	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Carmen Roselia Henriquez 2559 W. 70 Pl Hialeah, Fl 33016	☐ Change ☒ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Juana A. Robles 2559 W 70 Pl Hialeah, Fl. 33016	☐ Change ☒ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003654955-3 -02/06/01--01109--010 *****150.00 *****150.00	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003654955-3 *****8.75 *****8.75	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003654955-3 -02/06/01--01109--011 *****8.75 *****8.75	☐ Change ☐ Addit

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen R. Henriquez

Carmen R. Henriquez

Jan 23, 2001

(305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED

01 JAN 29 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE