2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091074

1. Entity Name
PALM AVE. UNISEX, INC.

FILED
01 JAN 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

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
Zip / Country	Zip / Country: Dade

4. FEI Number: 65-0954561 — Applied For / Not Applicabl

5. Certificate of Status Desired: XX — $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 Zip Code: 33016

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 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! [illegible] After MAY 1, 2001 [illegible] 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	P/D Carmen Roselia Henriquez 2559 W. 70 Pl Hialeah, Fl 33016 ☐ Change ☒ Additic
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Juana A. RObles 2559 W 70 Pl Hialeah, Fl. 33016 ☐ Change ☒ Additic
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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 directo 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 #