

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90067 037 \*\*\*150.00

DOCUMENT # **P990000104740** ✓

1. Entity Name **NATTYS BEAUTY SALON, INC**  
**9112 NW 117 TERRACE**  
**HALEAH GARDENS, FL 33018**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9112 NW 117 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**9112 NW 117 TERRACE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**HALEAH GARDENS, FL**

City & State

**HALEAH GARDENS, FL**

4. FEI Number

**65-0964479**

Applied For

Not Applicable

Zip

**33018**

Country

**USA**

Zip

**33018**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**NATIVIDAD BERNAL**

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

**9112 NW 117 TERRACE**

City

**HALEAH GARDENS**

FL

Zip Code

**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

**\*Natividad Bernal**

Signature (typed or printed name of registered agent or both if applicable)

(If OTS Registered Agent, signature required when filing.)

**04/26/2002**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: **PRESIDENT**  
NAME: **NATIVIDAD BERNAL**  
STREET ADDRESS: **9112 NW 117 TERRACE**  
CITY- ST- ZIP: **HALEAH GARDENS, FL 33018**

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **\***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/2002 (305) 557-8904**

DATE

Signature Phone #

CR2E034B (12/01)