

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110197

1. Entity Name
ULTIMATE BEAUTY SALON, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91875 019 ***150.00

0182651 AV

Principal Place of Business
2738 NW 183RD STREET
MIAMI FL 33056

Mailing Address
2738 NW 183RD STREET
MIAMI FL 33056

REGISTRATION



2. Principal Place of Business

2738 NW 183 ST
Suite, Apt. #, etc.

3. Mailing Address

2738 N.W. 183 ST
Suite, Apt. #, etc.

☐ CHECK HERE IF-MAKING CHANGES

City & State

MIA FL.

City & State

MIA FL.

4. FEI Number

65-0999498

Applied For

Not Applicable

Zip

33056

Country

DADE

Zip

33056

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
17334 NW 62ND COURT
HIALEAH FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALL, SHARON
STREET ADDRESS 1921 SW 69TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33023
☐ Delete

TITLE VD
NAME ROBINSON, RUDOLPH
STREET ADDRESS 20840 N.W. 17TH AVENUE
CITY-ST-ZIP MIAMI FL 33056
☐ Delete

TITLE PD
NAME Sharon Hall
STREET ADDRESS 2771 N.W. 171 ST
CITY-ST-ZIP MIA. FL. 33056
☐ Delete

TITLE VD
NAME Rudolph Robinson
STREET ADDRESS 2771 N.W. 171 ST
CITY-ST-ZIP MIA. FL. 33056
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date

Daytime Phone #

CR2E034 (10/02)