

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24241

1. Entity Name

J'NAT BEAUTY SALON, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 040 ***158.75

Principal Place of Business

Mailing Address

13790 SW 152ND STREET
MIAMI FL 33177
US

13790 SW 152 ST
MIAMI FL 33177-1163
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0232965

Applied For

Not Applicable

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

WALKER, JAMES H.
16115 SW 117 AVE., #25
MIAMI FL 33177

Name Jeanette Hernandez-Suarez, Esquire

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

10651 North Kendall Drive, #205

City Miami

FL

Zip Code 33176

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME CARRASQUILLO, MARTHA
STREET ADDRESS 15451 SW 152ND CT.
CITY-ST-ZIP MIAMI FL

TITLE Director, President, Treasurer ☐ Change ☒ Addition
NAME Nathaniel Carrasquillo
STREET ADDRESS 15451 SW 152 CT
CITY-ST-ZIP Miami, Florida 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director, Vice-President, Secretary ☐ Change ☒ Addition
NAME Jason Carrasquillo
STREET ADDRESS 15451 SW 152 CT.
CITY-ST-ZIP Miami, FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

235-4510
Daytime Phone #

CR2E034 (9/99)