

**DOCUMENT # 401501**

1. Entity Name  
**SUNSHINE HAIR FASHIONS, INC**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90043 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
13286 BISCAYNE BLVD      13286 BISCAYNE BLVD  
P.O. BOX 611705      P.O. BOX 611705  
N. MIAMI FL 33261-8705      N. MIAMI FL 33261-8705

2. Principal Place of Business      3. Mailing Address  
*12955 Biscayne Blvd*      *P.O. Box 611705*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite 204*      *APT*

City & State      City & State  
*N. MIAMI FLA*      *N. MIAMI FLA*  
Zip      Country      Zip      Country  
*33181*      *Dade*      *33261*      *Dade*

4. FEI Number      Applied For  
**NOT APPLICABLE**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SKLANSKY, BARTON**  
**1800 NE 114 ST #609**  
**N MIAMI FL 33181**

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.  
SIGNATURE *Barton Sklansky* **BARTON SKLANSKY**      *01/08/2001*  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SKLANSKY, BARTON	
STREET ADDRESS	1800 NE 114TH ST #609	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SKLANSKY, LENORE	
STREET ADDRESS	1800 NE 114TH ST #609	
CITY - ST - ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barton Sklansky* **BARTON SKLANSKY**      *01/08/2001*      *305*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone *892 0026*

CR2E034 (10/00)