

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

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90057 032 \*\*\*150.00

DOCUMENT # *H42288*  
1. Entity Name *ETUIANE INC. T/A GREAT CUTS*  
*929 15 PL.*  
*VERO BEACH, FL.*  
*32960*



**DO NOT WRITE IN THIS SPACE**

**44004371**

2. Principal Place of Business *32960*  
*925 15TH VERO BEACH, FL.*  
Suite, Apt. #, etc.  
3. Mailing Address  
*SAME*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *VERO BEACH, FL.* City & State *FL. 32960*  
Zip *32960* Country *INDIAN RIVER* Zip *32960* Country

4. FEI Number *59-2502442* Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES.</i> <i>VICTOR FAZZALI</i> <i>1801 INDIAN RIVER BLVD.</i> <i>VERO BEACH FL.</i> <i>32960</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. PRES</i> <i>CHRISTIE ATKINSON</i> <i>STATE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <i>ANTHONY FAZZALI</i> <i>SAME</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on the attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *VICTOR FAZZALI* *PRES.* *1/15/04* *0200*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)