2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 13, 2001 8:00 am Secretary of State 01-13-2001 90007 026 ***150.00 DOCUMENT # P0000091603 VALENTIS HAIR DESIGN, INC. Mailing Address Principal Place of Business 7314 COLLINS AVENUE 7314 COLLINS AVENUE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DOODWOLD 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For --City & State City & State Not Applicable Country \$8.75 Additional Zip \Box 5. Certificate of Status Desired Dad 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARQUEZ, MARIA FERNANDA Street Address (P.O. Box Number is Not Acceptable) 7314 COLLINS AVENUE MIAMI BEACH FL 33141 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 __ Trust Fund Contribution.__ Make Check Payable to Department of State . (See criteria on back) ---ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE marques, Maria fernanda MARQUEZ, MARIA FERNANDA NAME NAME 7314 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE marques, Teresa MARQUEZ, TERESA MAME NAME 7314 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE marques, Paulo MARQUEZ, PAUL NAME NAME 7314 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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:

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