FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043307

1. Entity Name
STEINER BEAUTY PRODUCTS, INC.

Principal Place of Business	Mailing Address
5600 NW 12TH AVE SUITE 303 FORT LAUDERDALE, FL 33309	770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0423915 — 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
JORDAN, BRUCE 770 S DIXIE HWY SUITE 200 CORAL GABLES, FL 33146	Name RODRIGUEZ, GLADYS Street Address (P.O. Box Number is Not Acceptable) 770 SOUTH DIXIE HWY SUITE 200 City CORAL GABLES FL Zip Code 33146

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] Gladys Rodriguez 4-9-2003
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME FLUXMAN, LEONARD STREET ADDRESS 770 S DIXIE HWY STE 200 CITY-ST-ZIP CORAL GABLES, FL 33146	☐ Delete	TITLE D NAME FUSFIELD, GLENN STREET ADDRESS 770 SOUTH DIXIE HWY. STE 200 CITY-ST-ZIP CORAL GABLES, FL 33146	☐ Change ☒ Addition
TITLE V NAME ST PHILIP, CARL STREET ADDRESS 770 S DIXIE HWY STE 200 CITY-ST-ZIP CORAL GABLES, FL 33146	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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] LEONARD FLUXMAN 4/8/03 (305) 358-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #