

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 036 ***150.00

DOCUMENT # P98000025432
1. Entity Name
Aventi Hair Studio Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>932 Lincoln Road</u> Suite, Apt. #, etc.		3. Mailing Address <u>932 Lincoln Road</u> Suite, Apt. #, etc.	
City & State <u>Miami Beach Fl.</u>		City & State <u>Miami Beach Fl.</u>	
Zip <u>33139</u>	Country <u>USA</u>	Zip <u>33139</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>650824164</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Anthony C. Sgro
Street Address (P.O. Box Number is Not Acceptable)
932 Lincoln Road
City Miami Beach **FL** Zip Code 33139

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 Anthony C. Sgro (NOTE: Registered Agent signature required when re-registering) DATE 4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January - May: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>Anthony C. Sgro</u> <u>1658 Bay Road #702</u> <u>Miami Beach, Fl. 33139</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>✓</u> <u>Christopher J. Lauce</u> <u>1658 Bay Road #702</u> <u>Miami Beach, Fl. 33139</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chloe J. Lauce DATE 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #