

# 2000 UNIFORM BUSINESS REPORT (UBR)

**10F2**

**DOCUMENT # P99000047714**

01-21-2000 90118 024 \*\*\*150.00

1. Entity Name

**CREATIVE IMAGE SALON, INC.**

**FILED**

**00 OCT -6 AM 9:40**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business 6041 NORTHWEST 67TH COURT PARKLAND FL 33067	Mailing Address 6041 NORTHWEST 67TH COURT PARKLAND FL 33067-4510
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 \_\_\_\_\_ (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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUTRUX, ZINH T</b>		NAME		
STREET ADDRESS	<b>6041 NORTHWEST 67TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

**KE**

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: [Signature] \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

20f2

October 4, 2000

Name Xinh T. Mutrux  
Creative Image Salon, Inc  
P 990000 47714  
6041 N.W. 67 Court  
Parkland, FL 33067  
H. (954) 346-4090  
W. (561) 395-6509  
C. (305) 903-7867

Re: Dissolved Corporation

Dear Sir:

AS of yesterday I was told that my corporation was dissolved since Sept. 20, 2000. I was not aware of this situation. I have been paying my taxes. I filed my annual returned with the State of Florida.

AS our conversation on 10/03/00 I have not recieved the notice or any forms, from your department. It was supposed mailed to me back in Feb. 2000. I never got it.

Please assist me to reinstate my corporation as soon as possible.

sincerely yours  
Xinh T. Mutrux