

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90248 018 \*\*\*150.00

DOCUMENT # P99000047714  
 1. Entity Name  
Creative Image Salon, INC.  
Xinh T. Mutrux

Principal Place of Business Mailing Address  
5913 W. Hillsboro Blvd. 6041 NW 67th Ct  
Parkland, FL 33067 Parkland, FL  
33067

2. Principal Place of Business 3. Mailing Address  
5913 W. Hillsboro Blvd 6041 NW 67th Ct  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Parkland FL City & State Parkland FL  
 Zip 33067 Country U.S.A. Zip 33067 Country U.S.A.

4. FEI Number 65-0923287 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Xinh T. Mutrux  
6041 NW-67th Ct.  
Parkland, FL 33067

7. Name and Address of New Registered Agent  
 Name Xinh T. Mutrux  
 Street Address (P.O. Box Number is Not Acceptable)  
6041 NW 67th Ct.  
 City Parkland FL Zip Code 33067

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: Xinh T. Mutrux DATE: 4/22/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

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

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 STATE OF FLORIDA  
 TALLAHASSEE

10. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Mutrux, Xinh T.</u>
STREET ADDRESS	<u>6041 NW 67th Ct.</u>
CITY - ST - ZIP	<u>Parkland, FL 33067</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Xinh T. Mutrux DATE: 4/22/01 (954) 341-4448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2524 11/7/00