2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002906

1. Entity Name
PLAYGIRL BEAUTY SALON, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State
08-11-2000 90091 026 ***550.00

Principal Place of Business	Mailing Address
% MATHEWS 20379 W. COUNTRY CLUB DR., APT. 730 NO. MIAMI BEACH FL 33180	% MATHEWS 20379 W. COUNTRY CLUB DR., APT. 730 NO. MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20379 W Country Club	Same
Suite, Apt. #, etc. 736	Suite, Apt. #, etc.
City & State Aventura Fla	City & State
Zip 33180 Country Aventura	Zip Country

4. FEI Number 13-2676881 ☐ 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
MATHEWS, ~~NORMA~~ LARRY 20379 W. COUNTRY CLUB DRIVE CORONADO #3, APT. 730 NORTH MIAMI BEACH FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Larry K Mathews
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☑

* **FILE NOW!!! FEE IS $550.00**
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP MATHEWS, NORMA 20379 W. COUNTRY CLUB DR., CORONADO #3, NO MIAMI BEACH FL 33180	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MATHEWS, LARRY 20379 W. COUNTRY CLUB DR., CORONADO #3, NO MIAMI BEACH FL 33180	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/00)

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: Larry K Mathews 7 13 00 3059319961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #