FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business SISS BERIDPA DR SI	DOCUMENT # F9700002953 1. Entity Name SALON FINISHING TOUCHES, INC.					Mar 08, 2001 8:00 am Secretary of State 03-08-2001 90122 008 ***150.00					
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Second S			Suite, Apt. #, etc.				DO NOT WHITE IN	THIS SPACE			
S. Name and Address of Current Registered Agent KURFURST, MARWIN S163 B EUROPA DR. BOYNTON BEACH FL 33437 City FL Zip Code 8. The above named entity supropting significantly the particular programment of the particular programment programment of the particular programment programment programment progr	City & State		City & State		4.	FEI Number	11-2870003	}			
S. Name and Address of Current Registered Agent KURPURST, MARWIN 5183 B EUROPA DR. BOYNTON BEACH FL 33437 City FL Zip Code 8. The above named entity sprore tips skylman for the pfore professor layer and supplied special forms of the pfore professor layer and supplied special forms of the pfore professor layer and supplied special forms of the pfore professor layer and supplied special forms of the pfore professor layer and supplied to satisfy its intengible Tax filing requirement and clearly to do as a first mark that professor layer and supplied to satisfy its intengible Tax filing requirement and clearly to do as a first mark that professor layer and supplied to satisfy its intengible Tax filing requirement and clearly to do as a first mark that professor layer and supplied to satisfy its intengible Tax filing requirement and clearly to do as a first mark that professor layer and supplied to satisfy its intengible Tax filing requirement and clearly to do as a first mark that professor layer and supplied to satisfy its intengible Tax filing requirement and clearly to do as a first mark to a first	ZipCountry		Zip	Country		Certificate of S	tatus Desired				
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STOCK ADDITION SEACH FL 33437 City FL Zip Code	Name										
8. The above named entry symple justiclement of the inforce of person registered agent, or both, in the State of Florida.				Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entry systems this statement in the photoe of segment state of Florida. Signature Signatur	BOY	NTON BEACH FL 33437					 , -		-		
SIGNATURE Signature, typerd or printed name of registered sport and ready appaceshed. PoSTE Registered Agent digrations required when reneatating. DATE				City				FL Zip	ode		
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		named enviry supports, this statement of **Marvin M Signature, typed or printed name of registered agent at	Kurfund				3/6/01	DATE		-	
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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)(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 of the receiver or trustee empowered to execute this report as required by Chanter 607. Florida Statutes, and that my name appears in Block 12 if										}	
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