

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

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 032 ***150.00

DOCUMENT # *H42288*

1. Entity Name *ETUIANE INC. T/A GREAT CUTS*
929 15 PL.
VERO BEACH, FL.



DO NOT WRITE IN THIS SPACE

44004371

2. Principal Place of Business *32960*
925 15TH VERO BEACH, FL.

3. Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

City & State *VERO BEACH, FL.* City & State *FL. 32960*

Zip *32960* Country *INDIAN RIVER* Zip *32960* Country

4. FEI Number *59-2502442* Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE *PRES.*
NAME *VICTOR FAZZALI*
STREET ADDRESS *1801 INDIAN RIVER BLVD.*
CITY-ST-ZIP *VERO BEACH FL. 32960*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *V. PRES*
NAME *CHRISTIE ATKINSON*
STREET ADDRESS *56415*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TREASURER*
NAME *ANTHONY FAZZALI*
STREET ADDRESS *SAME*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *VICTOR FAZZALI* *PRES.* *1/15/04* *0200*

CR2E034B (12/02)