2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J22479** 1. Entity Name A & P SALONS, INC. Prin D/B_{i} 4623

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90132 039 ***150.00

## Application	Principal Plac	ce of Business	Mailing Address							
Suits, Apt. #, etc. City & State Secretificate of Status Desired Secretificate of Secretificate of Status Desired Secretificate of Secr	D/B/A SALON D'ANGELO 4623 N. UNIVERSITY DR. CORAL SPRINGS FL 33067		4623 N. UNIVERSITY DR.				ងប	291	2	
City & State Country 210	2. Principal Place of Business		3. Mailing Address							
Secondary Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Country Zip Country Zip Country St. Certificate of Status Desired S8.75 Additional Face Regulated	City & State		City & State		4.	4. FEI Number 59-2696500			<u> </u>	
G. Name and Address of Current Registered Agent P'AMICO, ANGELO 3871 N.W.1 03RD AVE. CORAL SPRINGS FL 33065 City FL City FL Zo Code City City FL Zo Code City FL Zo Code City FL Zo Code City City FL Zo Code City City FL Zo Code City FL Zo Code City	Zip	_ Country	Zip	Country			Status Desired		8.75 Add	ditional
D'AMICO, ANGELO 3871 N.W. 103RD AVE. CCRAL SPRINGS FL 33065 City FL Z4p Code City	6. Name and Address of Current Registered Agent			1		Name and Ad	dress of New I			
3871 NW. 103RD AVE. CORAL SPRINGS FL 33065 City FL Zup Code City				Name				<u> </u>		
B. 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 Signaturit, typee or paraset name of registered agent and size if applicable 1.	3871 N.W. 103RD AVE.			Street	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Spinature, typed or pivaser name or registered agent wort set if updatable V/OTE Registered Agent degrees reasoned when reinvaliding	COF	RAL SPRINGS FL 33065		City					Zip Cod	e
SIGNATURE Signature, typeed or private name of regitive as agent and title if epoticable (nOTE: Regitive of Agent eignature required when reinstating) DATE								<u> </u>		
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Confribution. Should be ress Added to Fees Added to Fees Added to Fees Trust Fund Confribution. Added to Fees Added to Fees Added to Fees Trust Fund Confribution. Added to Fees Added to Fees Added to Fees Trust Fund Confribution. Added to Fees Added to Fees Added to Fees Trust Fund Confribution. Added to Fees Added to Fees Added to Fees Trust Fund Confribution. Added to Fees Trust Fund Confribution. Tru	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	E: Registered Agent sig	nature required when					
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		Pertify that the information supplied with	this filing does not qualify for		tated in Section	n 119 07/31/i) =	Inrida Statuton	I further corti	fy that the it	nformation

13. 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 anadress, with at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR