2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 06, 2002 8:00 am § Secretary of State DOCUMENT # L82490 1. Entity Name NEW IMAGE HAIR & NAILS, INC. 03-06-2002 90107 049 ***150.00 Principal Place of Business Mailing Address 7142 NOB HILL RD 7142 NOB HILL RD TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0215901 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, SHELDON Street Address (P.O. Box Number is Not Acceptable) 1275 SW 46 AVENUE **SUITE 2005** POMPANO BEACH FL 33069 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete ☐ Change NAME COHEN, SHELDON NAME STREET ADDRESS 7610 WESTWOOD #112 STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ ☐ Change ☐ Addition TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Over not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute its report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with the indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with an address