2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M21231 May 10, 2000 8:00 am 1. Entity Name Secretary of State THE HENRY BYRON CORPORATION 05-10-2000 90175 017 ***150.00 Principal Place of Business Mailing Address D/B/A THE PERFECT TOUCH D/B/A THE PERFECT TOUCH 13615 SOUTH DIXIE HWY. #116 13615 SOUTH DIXIE HWY. #116 MIAMI FL 33176-7254 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2587852 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESTES, EDDIE L. JR. Street Address (P.O. Box Number is Not Acceptable) 17000 SW 108 COURT MIAMI FL 33157 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE **CUTLER, MARITZA** NAME 369 SW 192 AVE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-71P TITLE ☐ Change Addition ☐ Delete TITLE ESTES, JEAN NAME NAME 17000 SW 108 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Addition TITLE ☐ Delete TITLE ESTES, EDDIE L JR. NAME STREET ADDRESS 17000 SW 108 CT. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change . Deleté il TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #