FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

1. Entity Name	:IN I # M21231	_	Secretary of State				
THE HENRY BY	RON CORPORATION		05-13-2002 90157 022 ***1	05-13-2002 90157 022 ***150.00			
DC	NOT WRIT	E IN THI	S SPACE				
2. Principal Place of Business D/B/A THE PERFECT TOUCH D/B/A TH			ress PERFECT TOUCH				
Suite, Apt. #, etc 13615 SOUTH I	DIXIE HWY. # 116	Suite, Apt. #,	etc. H DIXIE HWY. # 116	DO NOT WRITE IN THIS SPACE			
City & State MIANI, FL. 33176		City & State MIAMI, FL.		FO 0F070F0	Applied For		
Zip 33176	Country U.S.A.	Zip 33176	Country U.S.A.	5. Certificate of Status Desired S8.75 Ac Fee Requir	dditional		
				7. Name and Address of Current Registered Agent			
IN THIS SPACE 17000_S				TF 1. TR			
				Street Address (P.O. Box Number is Not Acceptable)			
				OS COURT			
				MTAMT			
			City	FL Zip Co. 33157	de		
8. The above name	d entity submits this statement	for the purpose of ch	nanging its registered office or reg	istered agent, or both, in the State of Florida.			
				•	}		
SIGNATURE							
Signatul	re, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Agent signature rec	quired when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Amended UBR is					00 May Be		

(See crite	ria.on.back)	Make Check Payable t	o Department of State	Trust Fund Contribution.	Fees
11.	OFFICERS AND DIF			<u> </u>	
THILE NAME STREET ADDRESS CHY-ST-ZIP	P ESTES, JEAN 17000 SW 108 CT. MIAMI, FL. 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUILER, MARITZA 369 SW 192 AVE. PEMBROKE PINES, FL. 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ESTES, EDDIE L. JR. 17000 SW 108 CT. MIAMI, FL. 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ر الحال الله المراجعة الاستشارة المستسمين عما والمواد	. 4.
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	

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 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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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CITY-ST-ZIP

Eddie L. Cater Ja

EDDIE L. ESTES JR.

APRIL 26, 2002

305-253-4210

Date

Daytime Phone #