

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91169 038 \*\*\*158.75

DOCUMENT # P00000008215

1. Entity Name  
**PERFECT FINISH HAIR AND NAIL STUDIO, INC.**

Principal Place of Business Mailing Address  
**521 N.E. 125<sup>th</sup> STREET** **521 N.E. 125<sup>th</sup> STREET**  
**NORTH MIAMI, FL 33161** **NORTH MIAMI, FL 33161**

771263

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0991603** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**CYNTHIA W. PHILLIPS**  
**521 N.E. 125<sup>th</sup> STREET**  
**NORTH MIAMI, FL 33161**

7. Name and Address of New Registered Agent  
 Name **CYNTHIA W. PHILLIPS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**521 N.E. 125<sup>th</sup> STREET**  
 City **NORTH MIAMI** **FL** Zip Code **33161**

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 *Cynthia W Phillips* DATE **4/27/2001**  
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)  
**FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS  

TITLE	P/C	<input type="checkbox"/> Delete
NAME	<b>CYNTHIA W. PHILLIPS</b>	
STREET ADDRESS	<b>521 N.E. 125<sup>th</sup> STREET</b>	
CITY-ST-ZIP	<b>NORTH MIAMI, FL 33161</b>	
TITLE	J/P	<input type="checkbox"/> Delete
NAME	<b>TERENCE S. PHILLIPS</b>	
STREET ADDRESS	<b>521 N.E. 125<sup>th</sup> STREET</b>	
CITY-ST-ZIP	<b>NORTH MIAMI, FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Cynthia W Phillips* DATE **4/27/2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)