2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000010642 04-25-2001 90114 050 ***150.00 STAR ISLAND HAIR BODY AND NAIL, INC. Principal Place of Business Mailing Address 1616 NW 38TH AVENUE 1616 NW 38TH AVENUE LAUDERHILL FL 33313 LAUDERHILL FL 33313 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. FELNumber Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN-CORETTA-Street Address (P.O. Box Number is Not Acceptable) 1616 NW 38TH AVENUE LAUDERHILL FL 33313 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 12 TITLE CR2E034 (10/00) □ Delate TILE ☐ Addition MORGAN, CORETTA NAME NAME STREET ADDRESS 1616 NW 38TH AVENUE STREET ADDRESS CITY-ST-7IP LAUDERHILL FL 33313 CITY-ST-219 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORGAN, BERNARD NAME NAME STREET ADDRESS 1616 NW 38TH AVENUE STREET ADORESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP D..... TITLE . Delete TITLE ☐ Change ☐ Addition JORDAN, SHARLEDA NAME NAME STREET ADDRESS 1816 NW 38TH AVENUE. STREET ADDRESS CITY-ST-7IP LAUDERHILL FL 33313 CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-76 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-719 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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 eath; that I am an officer or director of the corporation or the receives 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 king empowered.

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SIGNATURE:

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