03/26/2003 13:41 3052258698 WS ACCOUNTING

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90291 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021976

1. Entity Name
INTERNATIONAL AMERICAN ACADEMY OF COSMETOLOGY, INC.

J00080703

Principal Place of Business	Mailing Address
10305 NW 41ST #120 MIAMI, FL 33178	10305 NW 41ST #120 MIAMI, FL 33178

2. Principal Place of Business		3. Mailing Address	
8000 N.W. 31st Street		8000 N.W. 31st Street	
Suite, Apt #, etc. Suite #9		Suite, Apt #, etc. Suite #9	
City & State Miami, FL		City & State Miami, FL	
Zip 33122	Country USA	Zip 33122	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1010579 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-CONDE, ISIDRO
10305 NW 41ST
#120
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PEREZ-CONDE, ISIDRO	NAME	
STREET ADDRESS	10305 NW 41ST., STE 120	STREET ADDRESS	5300 NW 114 AV Suite 109
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	MIAMI FL 33178
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ① ISIDRO PEREZ-CONDE G. ② 03/28/03 ③ 305-4688837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #