

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000025661

FILED
Apr 29, 2003
Secretary of State

Entity Name: R J'S BEAUTY SALON, INC.

Current Principal Place of Business:

1620 N. MISSOURI AVENUE
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

1620 N. MISSOURI AVENUE
LARGO, FL 33770

New Mailing Address:

FEI Number: 59-3635643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAN, SYLVIA
1620 N. MISSOURI AVENUE
LARGO, FL 33770

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NGUYEN, NHIEU
Address: 1620 N. MISSOURI AVENUE
City-St-Zip: LARGO, FL 33770

Title: P () Delete
Name: TRAN, SYLVIA
Address: 1620 N. MISSOURI AVENUE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODRIGUEZ, LUIS A
Address: 1620 MISSOURI AVENUE
City-St-Zip: LARGO, FL 33770

Title: VP (X) Change () Addition
Name: TRAN, SYLVIA
Address: 1620 MISSOURI AVENUE
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A RODRIGUEZ

P

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date