

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90896 016 ***150.00

DOCUMENT # P00000031355

1. Entity Name
SALONPLUS INC.

Principal Place of Business
**71 NW 167 ST.
 N. MIAMI BEACH FL 33169**

Mailing Address
**P.O. BOX 641086
 MIAMI FL 33164-1086**

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

651-00-3363

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ASH, LAMONICA
 4848 N.W. 24 CT., 209
 LAUDERDALE FL 33313**

7. Name and Address of New Registered Agent

Name **Lamonica Ash**
 Street Address (P.O. Box Number is Not Acceptable)
71 N.W. 167 ST
 City **MIAMI** FL Zip Code **33167**

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
 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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **ASH, LAMONICA**
 STREET ADDRESS **4848 N.W. 24 CT., 209**
 CITY-ST-ZIP **LAUDERDALE FL 33313**

TITLE ☒ Delete
 NAME **ASH, Thomas**
 STREET ADDRESS **4848 N.W. 24 CT**
 CITY-ST-ZIP **LAUDERDALE FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Ash, Lamonica**
 STREET ADDRESS **71 N.W. 167 ST.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☒ Change ☐ Addition
 NAME **ASH, Thomas**
 STREET ADDRESS **71 N.W. 167 ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (305) 490-8778

Date

Daytime Phone #

CR2E034 (10/00)