

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90333 019 ***150.00

DOCUMENT # P00000034692

Entity Name
AMICI SALON & SPA, INC.

Principal Place of Business Mailing Address
3000 S.R. 426 **P.O. BOX 4657**
OVIEDO FL 32765 **WINTER PARK FL 32793**

000104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1468 TUSKAWILLA Road		3. Mailing Address Suite, Apt. #, etc.	
City & State WINTER SPRINGS, FL		City & State	
Zip 32708	Country USA	Zip	Country
4. FEI Number 59-3653870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GIULIANI, JOHN 3000 S.R. 426 OVIEDO FL 32765		7. Name and Address of New Registered Agent -Name- JOHN GIULIANI Street Address (P.O. Box Number is Not Acceptable) 325 CLARKE STREET City oviedo FL Zip Code 32765	
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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 *John Giuliani* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	PRESIDENT/owner JOHN GIULIANI 3000 S.R. 426 PO BOX 4657 oviedo, FL 32765 WINTER PARK, FL 32793	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	VICE PRESIDENT/owner JAMES GIULIANI 3000 S.R. 426 PO BOX 4657 oviedo, FL 32765 WINTER PARK FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CORPORATE OWNER MARCUS MITCHELL 315 E. ROBINSON STREET #100 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Giuliani* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)