FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90163 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041778

1. Entity Name
Salon Goldano Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8801 W. Atlantic Blvd	P.O. Box 770670
Suite, Apt. #, etc. #770670	Suite, Apt. #, etc.
City & State: Coral Springs, Fl	City & State: Coral Springs, Fl
Zip: 33077 Country: USA	Zip: 33077 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1005823 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Rene' Stufano
Street Address (P.O. Box Number is Not Acceptable): 8801 W. Atlantic Blvd. #770670
City: Coral Springs FL Zip Code: 33077

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: Rene' Stufano Rene' Stufano 4-9-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres.	TITLE	
NAME	Rene' Stufano	NAME	
STREET ADDRESS	8801 W. Atlantic Blvd. #770670	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, Fl 33077	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rene' Stufano, pres. Rene' Stufano, Pres. 4-9-02 954-868-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)