Mar 10, 2003 8:00 am Secretary of State **FILED**

03-10-2003 90127 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000048871 **DOCUMENT #**

1. Entity Name

STYLING PERFECT LINISEX, INC.



TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	STILING	FERFECT UNISEA, INC.								
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Signature of the control of the cont	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent FRUIZ, GEIDY 1000 EAST 4TH AVENUE HIALEAH FL 33010 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 and title it sociations. FILE, NOW!!!_EEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridab Department of State 9. Election Compasion Financing RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ, GEIDY 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RUIZ 18. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS I	City & State		City & State			4. F	65-1012781		 	
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RUIZ, GEIDY 1000 EAST 4TH AVENUE HALEAH FL 33010 City FL Zip Code 6. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept a the obligations of registered agent, and the property of the property of the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familier with, and accept a through the property of the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familier with, and accept a through the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familier with, and accept a through the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the purpose agent, or both, in the State of Florida. I am familier with, and accept the purpose agent agent. SIGNATUPE FILE NOW/II.EEE IS \$150.00 Adder May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		6. Name and Address of Current	Registered Agent			7. N	· · · · · · · · · · · · · · · · · · ·			
Street Address (P.O. Box Number is Not Acceptable)					Name					
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TELLIFORMY COUNTY ORGANIC INCOMINATION SUDDIEG WILLIAMS HIGH CIDES FOR COMING ON THE AMERICAN STREET AND		ertify that the information supplied with	this filing does not qualify for			ction 1	19 07/3\/i) Florida Statutos I further com	fu that tha !:	oformation	

Thereby 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.

GNATURE:

GNATURE:

SIGNATURE:

Daytime Phone #