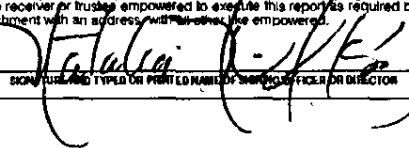


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92206 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000052767					
1. Entity Name STARLIGHT BEAUTY AND HEALTH CENTER CORP.					
Principal Place of Business 3750 W. 16TH AVE. SUITE 106 HIALEAH, FL 33012		Mailing Address 3750 W. 16TH AVE. SUITE 106 HIALEAH, FL 33012			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1013362	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, NATALIA M 833 W. 37 TERR. HIALEAH, FL 33012				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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.					
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when appointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$200.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PSTD	☐ Delete			
NAME	LOPEZ, NATALIA M				
STREET ADDRESS	833 W. 37 TERR.				
CITY-ST-ZIP	HIALEAH, FL 33012				
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					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 10 or Block 11 if changed, or on an attachment with an address, without being so empowered.					
SIGNATURE:  4/29/03 305-887-4185 Signature must be typed or printed name of registered agent or director					

80111739



☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)