

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90430 038 \*\*\*150.00

DOCUMENT # P00000057241  
1. Entity Name  
EXQUISITE BARBER & BEAUTY SALON, I

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
16768 NE 2ND AVE 16768 NE 2ND AVE

DO NOT WRITE IN THIS SPACE

City & State MIAMI FLORIDA City & State MIAMI FLORIDA  
Zip 33162 Country Zip 33162 Country

4. FEI Number 65 101 7847 Applied For Not Applicable  
6. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name - EGBERT E PURCELL  
Street Address (P.O. Box Number is Not Acceptable)  
1246 NE 110 TER  
City MIAMI FLA FL Zip Code 33161

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)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	EBBERT EMANUEL PURCELL	1246 NE 110 TER	MIAMI 33161				
	JASON A. PURCELL	2016 NE 170 ST	MIAMI FL 33162				
				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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2002

Date

Daytime Phone #