


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

FILED
May 18, 2004 8:00 am
Secretary of State

04-29-2004 90290 031 ***150.00

DOCUMENT # P00000057241

1. Entity Name
EXQUISITE BARBER BEAUTY SALON INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16768 N.E. 2ND
Suite, Apt. #, etc.

3. Mailing Address
16768 NE 2ND
Suite, Apt. #, etc.

66422641

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI BEACH NORTH MIAMI BEACH

4. FEI Number
65-101-7847

Applied For
 Not Applicable

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

Zip
33162 County
FLORIDA Zip
33162 County
FLORIDA

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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$400.00
After May 1, Fee is \$550.00
Amended UBR is \$67.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>EGBERT, E. PURCELL</u> <u>1246 NE 110 TER</u> <u>N MIAMI FL 33169</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JACQUELINE PURCELL</u> <u>660 NW 177ST APT 130</u> <u>MIAMI FLORIDA 33169</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)