FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90412 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073211

1. Entity Name

TROPICAL SALON (UNISEX) INC

DO NOT WRITE IN THIS SPACE

70053090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13851 AMBELEIGH RD	13851 AMBELEIGH RD
Suite, Apt. #, Etc.	Suite, Apt. #, Etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32837 Country	Zip: 32837 Country

4. FEI Number: 59-3665111 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TIBURICO, GRACE

Street Address (P.O. Box Number is Not Acceptable): 13851 ABELEIGH RD

City: ORLANDO FL Zip Code: 32837

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: ______________________ 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: V NAME: HINOJOSA, ANTONIO STREET ADDRESS: 13851 AMBELEIGH RD CITY-ST-ZIP: ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: P NAME: TIBURICO, GRACE STREET ADDRESS: 13851 AMBELEIGH RD CITY-ST-ZIP: ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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: Grace Tiburcio — 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE