

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

DOCUMENT # **P00000104219**

**LA**

07-25-2001 90014 049 \*\*\*150.00

**VIVIAN Salon, INC**

Principal Place of Business Mailing Address

**1610 W. FLAGLER ST**  
**MIAMI, FL 33135**

**00059452**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
State, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-1054013</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>VIVIAN RODRIGUEZ</b>				Name			
<b>1610 W. FLAGLER ST</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>MIAMI, FL 33135</b>				City			
				<b>FL</b> 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

SIGNATURE \_\_\_\_\_ (NOTE: Registered agent signature required when re-registering)

9. If a corporation is eligible to satisfy its intangible filing requirement and elects to do so (see criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vivian Rodriguez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR