**FILED** 

Jun 03, 2002 8:00 am Secretary of State 200% UNIFORM BUSINESS REPORT (UBR) 05-16-2002 90050 004 \*\*\*150.00 DOCUMENT # P01000008392 1. Entity Name LA FEMME BEAUTY SALON, INC. Principal Place of Business Mailing Address 10926 N.W. 7th Avenue 10926 N.W. 7th Avenue Miami, FL 33168 Miami, FL 33168 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1077444 Not Applicable Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-LARA NILDA A Address (P.O. Box Number is Not Acceptable) 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. de re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agont signature required when roinstaling) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (11/00) Change ☐ Addition Delete TITLE TITLE PD NAME NAME LARA, NILDA A. STREET ADDRESS STREET ADDRESS CR2E034 236 N.W. 101 Street CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33150 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIPLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TIME Delete MUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS

CITY-S1-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-7IP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

13. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily 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 addiges, with all other like empowered. 305-757-2091

Daytima Phrane #