

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90361 004 ***150.00

DOCUMENT # P01000008481

1. Entity Name

PAULINE'S HAIR SALON & SPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 WASHINGTON AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

4. FEI Number

65-1070530

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN P. MAAS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

44 N.E. 16 STREET

City

HOMESTEAD

FL

Zip Code

33030

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
DIRECTOR
GISELA ALEMAN
450 WASHINGTON AVE.
HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
FLORENCE IOVINO
450 WASHINGTON AVE.
HOMESTEAD, FL 33030

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)