FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2005 8:00 am
Secretary of State
05-19-2005 90047 023 ***150.00

DOCUMENT # P01000025999

1. Entity Name
Charmane Frase Inc.

DO NOT WRITE IN THIS SPACE

50052928
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2. Principal Place of Business: 1288 W. Fairbanks Ave
Suite, Apt. #, etc.
City & State: Winter Park Fl.
Zip: 32789 Country:

Mailing Address: Desmond Lily
Suite, Apt. #, etc: Hair Salon
City & State:
Zip: Country:

4. FEI Number: 59-3705372 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: Woods, Jonathan D. Esq.
Street Address (P.O. Box Number is Not Acceptable): 425 Colonial Dr
Suite 4
City: Orlando FL Zip Code: 32804

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President, Secretary, Treasurer	TITLE	Director
NAME	Charmane Frase	NAME	Charmane Frase
STREET ADDRESS	1288 W. Fairbanks. Ave	STREET ADDRESS	1288 W. Fairbanks Ave
CITY-ST-ZIP	Winter Park, Fl 32789	CITY-ST-ZIP	Winter Park, Fl 32789
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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: Charmane Frase 5/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #