

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91521 024 \*\*\*150.00

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

DOCUMENT # P01000032827  
1. Entity Name  
AIDA SALON INC.

89502

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10880 PINES BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
10880 PINES BLVD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pembroke Pines FL  
Zip  
33026  
Country  
USA

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Pembroke Pines FL  
Zip  
33026  
Country  
USA

4. FEI Number  
65-1113406  
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: ALEX D. SIVCHENIK  
Street Address (P.O. Box Number is Not Acceptable)  
3440 HOLLYWOOD BLVD SUITE # 360  
City: HOLLYWOOD FL Zip Code 33021

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>P/S AIDA PASTERNAK</u><br><u>9455 SW 20 ST</u><br><u>MIRAMAR FL 33025</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>T BARRY PASTERNAK</u><br><u>9455 SW 20 ST</u><br><u>MIRAMAR FL 33025</u>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE IN THIS SPACE**

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: Aida Pasternak  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 9544410511  
Date Daytime Phone #

CR2E034B (12/01)