02 AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -8 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008898892
11/08/02--01124--001 **61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000039920

1. Entity Name

THE ART OF THE MIRROR, INC.

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2. Principal Place of Business		3. Mailing Address	
7309 NW 46th ST		7309 NW 46th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami FL		City & State: Miami	
Zip: 33166	Country: Miami-Dade	Zip: 33166	Country: Miami-Dade

4. FEI Number 651094011 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Vanessa Egued

Street Address (P.O. Box Number is Not Acceptable): 7309 NW 46th ST

City: Miami FL Zip Code: 33166

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] 11/4/02

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	President, Director
NAME	MERCEDES EGUED
STREET ADDRESS	7309 NW 46th ST
CITY-ST-ZIP	Miami FL 33166
TITLE	VP, Secy, Director
NAME	Vanessa Egued
STREET ADDRESS	7309 NW 46th ST
CITY-ST-ZIP	Miami FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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] President. 11/04/02 (305)951-5727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/5/02