

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90105 032 ***150.00

DOCUMENT # P01000055384

1. Entity Name
**SALERM PROFESSIONAL COSMETICS
OF ORLANDO FL, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6140 EDGEWATER DR	3. Mailing Address 6140 EDGEWATER DR
Suite, Apt. #, etc. UNIT C	Suite, Apt. #, etc. UNIT C
City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32810	Country ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3739940	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GERMAN GARCIA
Street Address (P.O. Box Number is Not Acceptable) 620 N INDIGO RD
City ALTA MONTE SPRINGS FL
Zip Code 32714

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 _____

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	DP GERMAN GARCIA 620 N INDIGO RD ALTA MONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARMEN GARCIA 620 N INDIGO RD ALTA MONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOMINGO GARCIA 620 N INDIGO RD ALTA MONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GERMI E. GARCIA 620 INDIGO RD ALTA MONTE SPRINGS, FL 32714
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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: *German Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sign
Here**

Daytime Phone #

Daytime Phone #

CR2E034B (12/01)