05/02/2003 FRI 10:46 FAX 305 375 2933 ACCOUNTING DEPT

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90039 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055384

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

Principal Place of Business	Mailing Address
6140 EDGEWATER DRIVE UNIT C ORLANDO, FL 32810	6140 EDGEWATER DRIVE UNIT C ORLANDO, FL 32810

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

4. FEI Number: 59-3739840 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, GERMAN
620 N INDIGO RD
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

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

City — FL — Zip Code

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

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	GARCIA, GERMAN	620 N INDIGO RD	ALTAMONTE SPRINGS, FL 32714	☐ Delete
DV	GARCIA, CARMEN	620 N INDIGO RD	ALTAMONTE SPRINGS, FL 32714	☐ Delete
DT	GARCIA, DOMINGO	620 N INDIGO RD	ALTAMONTE SPRINGS, FL 32714	☐ Delete
DS	GARCIA, GERMI E	620 N INDIGO RD	ALTAMONTE SPRINGS, FL 32714	☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: German Garcia 5/02/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #