

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90290 030 ***150.00

DOCUMENT # *PD 1000057866*

1. Entity Name
*MONIQUE UNISEX
BEAUTY SALON*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
191 N.E 169 terr

3. Mailing Address
191 N.E 169 terr

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33162

Country
DADE

Zip
33162

Country
DADE

DO NOT WRITE IN THIS SPACE

4. FEY Number
65 111 3534

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

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 *[Signature]* DATE

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$350.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>MONICA PURCELL 191 N.E. 169 TER. 33162</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>CHAIRMAN</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>JACQUELINE PURCELL 660 NW 177 ST. APT. 30 MIAMI FLORIDA 33169</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 an attachment with an address, with all other like empowered.

SIGNATURE: *Monica E. Purcell* *[Signature]* *4/23/04* *305 318 1481*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR