2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State **DOCUMENT #** P01000069422 1. Entity Name 05-07-2002 90350 012 ***150.00 ELISHEVA'S WIG & HAIR BOUTIQUE, INC. Principal Place of Business Mailing Address 4001 W PARK ROAD 4001-W. PARK ROAD -HOLLYWOOD-FL-33021-HOLLYWOOD, FL 33021 NE 1635+ 2. Principal Place of Busines 3. Mailing Address 1635+ NE 163 Hai Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Descr Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KORF, ELISHEVA Street Address (P.O. Box Number is Not Acceptable) -1606 NE 164TH-STREET WAL NELLOS 51 NORTH MIAMI BEACH FL 33162 NB 163 8. The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P TITLE KORF, ELISHEVA 1121 NE 1635 NAME NAME 1121 NE 1635+ 1696 NE-184TH STREET STREET ADDRESS STREET ADDRESS North Migmi Beach NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAVARRO, RUTH NE 16/3 St 1600 NE TOUTH STREET 1121 NEI635 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME. NAME 11 32 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: