

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90120 031 ***150.00

DOCUMENT # **P01000093096 - 2002**

1. Entity Name
THE EXPERIENCE SALON, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6574 HYPOLEXO ROAD
Suite, Apt. #, etc.

3. Mailing Address
6574 HYPOLEXO ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH FL
Zip
33467
Country
PAIM BEACH

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Zip
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Country
PAIM BEACH

4. FEI Number
05-1139847
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
THOMAS GENNARO
Street Address (P.O. Box Number is Not Acceptable)
730 3RD STREET APT 206
City
MIAMI FL Zip Code
33139

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
THOMAS GENNARO
730 3RD STREET APT 206
MIAMI FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/DIRECTOR
ANGELA GENNARO
730 3RD STREET APT 206
MIAMI FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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 on an attachment with an address, with another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02
Date

Daytime Phone #

CR2E034B (12/01)