FEB-25-02 MON 02:57 PM LAZARUS CORPORATION FAX:3052201440

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91193 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104813

1. Entity Name
SAILY BEAUTY SALON, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1116 Opa Locka Blvd
Suite, Apt #, etc.
City & State: North Miami, Fl
Zip: 33168
Country

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151175
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: Mercedes Nunez
Street Address (P.O. Box Number is Not Acceptable): 1116 Opa Locka Blvd
City: North Miami FL Zip Code 33168

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	Pres/Trea/Dir	TITLE	
NAME	Nelson O Reyes	NAME	
STREET ADDRESS	1116 Opa Locka Blvd	STREET ADDRESS	
CITY-ST-ZIP	North Miami 33168	CITY-ST-ZIP	
TITLE	Vice Pres/Dir/Sec	TITLE	
NAME	Mercedes Nunez	NAME	
STREET ADDRESS	1116 Opa Locka Blvd	STREET ADDRESS	
CITY-ST-ZIP	North Miami 33168	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

5/29/02 Date — 305-685-7264 Daytime Phone #