2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117682

1. Entity Name

SIGNATURE:

LUCKY CHARM BEAUTY SALON, INC.



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90111 024 ***150.00

						No. of the last of						
Principal Place of Business 4843 N.W. 183RD STREET CAROL CITY FL 33055			Mailing Address 4843 N.W. 183RD STREET CAROL CITY FL 33055									
2. Principal	Place of Busine	ess	3. Mai	ling Address								
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				-	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-1157145 Applied For				
- Zip Country			Zip Country				5	Not Applicable 5. Certificate of Status Desired				
6. Name and Address of Curren				Decisional Annual			Fee Required				∍d	
	o. Name a	ind Address of Currer	it Registere	a Agent		Name, ⇒≏ :		Name and Address of New Rec	Jistered A	gent		
CARTER,	AVRIL VERO	NICA						/	<u>. </u>			
4843 N.W. 183RD STREET			Street Addres			Street Address	(P.O. E	Box Number is Not Acceptable)				
CAROL C	XITY FL 33055	;	•							•		
					-	City			FL	Zip Cod	je i	
8. The above	e named entity	submits this statement	for the purp	ose of changing its	registered	office or registe	red ac	gent, or both, in the State of Florid		amiliar with	and accent	
the obliga	itions of register	red agent.	,							armica triai,	and accept	
SIGNATURE			•									
·		printed name of registered age	nt and title if appl	licable. (NOTE	E: Registered A	gent signature require	d when r	reinstating)	DATE			
of Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department		·				Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.	<u></u>	OFFICERS ANI		P6	11.		٨٢	DDITIONS/CHANGES TO OFFIC	EDC AND	DIDECTOR	IC IN 44	
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NAME	CARTER, AL			E BORG	NAME				•	Change		
STREET ADDRESS		183RD STREET				ADDRESS						
CITY ST-ZIP	CAROL CIT	FL 33000			CITY-S'	T-ZIP						
TITLE NAME •	VPD Willory, C	WEN		☐ Delete	TITLE	i				☐ Change	Addition	
STREET ADDRESS		183RD STREET				ADDRESS						
CITY ST-ZIP	CAROL CITY	/ FL 33055	-		CITY-ST	r-ZIP						
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NAME				∟ ∪elete	NAME					☐ Change	☐ Addition	
STREET ADDRESS					•	ADDRESS						
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NAME STREET ADDRESS					NAME	ADDRESS						
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STREET ADDRESS					STREET	ADDRESS						
CITY-ST-ZIP	100				CITY-ST							
molcated	on this report (or supplemental report i	s true and a	occurate and that m	iv sionatiir	shall have the	camo	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat da Statutes; and that my name a	h·that lar	n an officer	or director	