2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 15, 2002 8:00 am Secretary of State DOCUMENT # P01000121591 1. Entity Name 07-15-2002 90190 002 ***150.00 EAST WEST OF BROWARD, INC. Principal Place of Business Mailing Address 10490 WILES RD 10490 WILES RD CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 0-006455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EAGLE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6412 CORAL LK DR MARGATE FL 33063 City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition NAME PHAN, NGUYET M NAME STREET ADBRESS 6507 PEBBLE BCH STREET ADDRESS CITY-ST-ZIP L LAUDERDALE FL 33068 CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE ☐ Change ☐ Addition NAME TRINH, TUYET H NAME STREET ADDRESS 150 SW-15 DR :-STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE DST ☐ Delete TITLE Change Addition NAME EAGLE, RICHARD NAME STREET ADDRESS 6412 CORAL LK DR STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP TIT1 F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 disternmental 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.

OFFICER OR DIRECTOR

FILED

CR2E034 (4/02

Attachment # P01000121591

Hairbenders 10490 Wiles rd. Coral springs, fl. 33076 (954) 753-7000

July 9, 2002

Florida Dept. of State Division of corps.

To whom it may concern,

I'm addressing this letter to you as I was instructed by one of people there at your office. We are a new corporation in a new plaza and, unfortunately we did not receive the first renewal notice for corporations. There have been numerous occasions that the mail has inadvertently, been sent to other locations and at later dates have gotten to us. In this case we never got our notice from the state. We know that being new isn't an excuse, but we respectfully ask to be excused the portion that requires us to pay the penalty. We are enclosing a check for the required amount of \$150.00 for the corporate standing

Thank you for your understanding in this matter.

Sincerely,