2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

N3 FFB -5 PM 1: 02 P02000023208 DOCUMENT # IONITARY OF OWNE 1. Entity Name ALL TRESS BEAUTY SUPPLY, INC. TALLAHASSEE, FLURIDA Alltress Beauty Supply, Onc. Mailing Address Principal Place of Business 8158 GLADES ROAD 60002295 8158 GLADES ROAD **BOCA RATON FL 33496 BOCA RATON FL 33496** 3. Malling Address Principal Place of Business 4682 N. Fowerline la 682 U. F Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4, FEI Numbe City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KLEIN, JEFFREY G -Street-Address (P.O.:Box Number is Not-Acceptable) 2101 NW CORPORATE BLVD. SUITE 414 **BOCA RATON FL 33431** Zip Code City 8. The above named entity sybmits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register SIGNATURE \$5.00 May Be FILE NOW!!!. FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. E034 (10/02 Change Addition resident TILE Delete TITLE 4.Robert NAME RAY, ROBERT NAME STREET ADDRESS 8158 GLADES ROAD STREET ADORESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITI F Delete TITLE occla, A. Ho NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Chance TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - 🔲 Addition i⊡ Change ☐ Oelete TITLE RITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 reserver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

01-08-2003 90134 045 *** 158.75

P02000023208