## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000041739

ALL ABOUT YOU HAIR AND SKIN INC.



## **FILED** May 01, 2003 8:00 am 8 Secretary of State

05-01-2003 90980 038 \*\*\*150.00

						TREST							
Principal Place of Business 175 NAVARRE CORAL GABLES FL 33134		Mailing Address 175 NAVARRE CORAL GABLES FL 33134											
2. Principal Place of Business			3. Mailing Address				11						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					(	CHECK HE	RE IF MAI	KING CI	HANGES	
City & State			City & State			(	4. FEI Nur	nber	1/18/	6			oplied For
Zip Country		Country	Zip Country				74 - 304/866 Not Applicable  5. Certificate of Status Desired See Required Fee Required						
	6. Name	and Address of Current	L. Registered Ager	nt	<del></del>		7. Name a	nd Add	ress of Ne	w Registe		<u>-</u>	
TAVI OD					Name					<u> </u>			
Taylor, Sandra L 13454 SW 62ND Street				Street Addre			s (P.O. Box Number is Not Acceptable)						
<b>#</b> 0103													
MIAMI FL 33183					City	F					FL	Zip Code	9
	ions of regist							both, in	the State of			· · · · ·	and accept
	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Re	egistered Agent signati	ure required w	hen reinstating)			D.	ATE		
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State				9.		Campaign		, _		<b>0</b> May Be to Fees
10	,	OFFICERS AND	DIRECTORS		11.		ADDITION	IS/CHA	NGES TO C	OFFICERS	AND DI	RECTORS	S IN 11
TITLE	Р		V	Delete	TITLE	<del>√23</del>				_	44	Change	☐ Addition
NAME_ STREET ADDRESS CITY-ST-ZIP-	GONZALE 13454 SW MIAMI FL	62 STREET #0103	· <b>/</b>		NAME STREET ADDRESS CITY-ST-ZIP		6.1				<del>42</del> 0	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Sandra L 62 Street #0103 33183	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TAY 134	ilor, ! 154 <b>s</b>	San	duce 62 s	L + #	0103	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	Mi	Ami,	रा	33 183	3		] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		_		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*					-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							] Change	Addition
													i i

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.