

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

DOCUMENT # **PO 2000044661**

1. Entity Name
PERFECT SILHOUETTE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 10 PM 1:35

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2816 Weston Rd. Suite, Apt. #, etc. WESTON City & State FLORIDA Zip 33331 Country U.S.A.		3. Mailing Address 2816 Weston Rd. Suite, Apt. #, etc. WESTON RD. City & State WESTON Zip 33331 Country U.S.A.	
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4. FEI Number **54-2101537** Applied For ☐ Not Applicable ☒

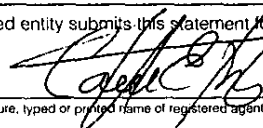
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CARMON DIAZ**
Street Address (P.O. Box Number is Not Acceptable)
2816 Weston Rd.
City **WESTON** FL Zip Code **33331**

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  (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 NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT CARMON DIAZ 2816 Weston Rd. WESTON, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100016129191 04/17/03--01005--022 **150.00
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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 Date Daytime Phone #