

FILED  
Jun 09, 2003 8:00 am  
Secretary of State

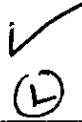
06-09-2003 90112 046 \*\*\*150.00

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

DOCUMENT # P02000066639

1. Entity Name

Salon Manager, Inc



90139098

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15320 NW 83 CT

Suite, Apt. #, etc.

3. Mailing Address

15320 NW 83 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes FL

City & State

Miami Lakes FL

4. FEI Number

82-0549707

Applied For

Not Applicable

Zip

33016

County

Dade

Zip

33016

County

Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Grace Tjeda

Street Address (P.O. Box Number is Not Acceptable)

15320 West Lake Drive

Miami

City

Miami

FL

Zip Code

33016

**DO NOT WRITE  
IN THIS SPACE**

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)

6/3/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution, ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: Director  
NAME: Grace Tjeda  
STREET ADDRESS: 15320 NW 83 CT  
CITY-ST-ZIP: MIAMI LAKES FL 33016

TITLE: Director  
NAME: Gisela Hernandez  
STREET ADDRESS: 15320 NW 83 CT  
CITY-ST-ZIP: MIAMI LAKES FL 33016

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
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CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/03

Date

Daytime Phone #

786-252-1020

CR2E034B (12/02)

Attachment  
90139098

June 4, 2003

Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

RE: Uniform Business Report/Document #P02000066639/ Salon Menage, Inc.

To whom it may concern,

Due to the fact that I never received the UBR form, the filing fee was never forwarded to your office.

Enclosed you will find your fee of \$150.00 as instructed per my conversation today with your office in Tallahassee.

Sincerely,



Grace Tejeda  
President  
Salon Menage, Inc.