2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000071467

Mailing Address

3064 SW WIMBLEDON TERR

1. Entity Name

VOILA SALON, INC.

Principal Place of Business

3064 SW WIMBLEDON TERR



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90161 010 ***150.00

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PALM CITY FL 34990		PALM CITY FL 34990		;			
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Principal Place of Bus	einace	3. Mailing Address					
1400 S.W.		1400 S.W ChA	BIHN WA	4			74 51111 1551 7451
Suite Apt. #, etc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite, Apt. #, etc.	/		☐ CHECK HERE II	F MAKING CHANGES	S
City & State	in Fin	City & State		. 1	4. FEI Number	172 1	Applied For
Zip 00	TY TUA.	PALM CITY		A	043702		Not Applicable
34990	MARTIN COUNTY		Country . TARTIN COU	My	5. Certificate of Status Desired	□ \$8.75 Ac Fee Requir	
6. Nam	ne and Address of Current Re	jistered Agent			7. Name and Address of New Re	gistered Agent	
THE LAW DEFICES	OF CRAIG M. DORNE, PA		Name				
407 LINCOLN RD F		i	Street A	ddress (P	O. Box Number is Not Acceptable)		
MIAMI FL 33139	THINGOL OL						
			00				
<u>.</u>		41	City			FL Zip Cod	
The above named ent the obligations of regis	lity submits this statement for the stered agent.	e purpose of changing its re	gistered office o	r registere	d agent, or both, in the State of Flori	ida. I am familiar with	, and accept
		,					
SIGNATURESignature, type	ed or printed name of registered agent and t	tle if applicable. (NOTE: P	registered Agent signat	ure required w	hen reinstating)	DATE	
FILE NOW	!!! FEE IS \$150.00			<u> </u>			
	003 Fee will be \$550.00				9. Election Campaign Fina		00 May Be
Make Check Payable t	to Florida Department of St	ate			Trust Fund Contribution.	. Lí Adde	ed to Fees
10.	OFFICERS AND DIR		11.	1.7	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11
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I nereby 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.

SIGNATURE:

SEASTURE REQU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF