2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ÉILFO 03 SEP 26 AMII: 15 DOCUMENT # P02000116578 1. Entity Name PAUL. HAIR & MAKE UP ARTIST, INC. SECHETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 5757 SW 8TH STREET STE #104 5757 SW 8TH STREET STE #104 MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 41-Not Applicable Z∤p Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALVADOR, HECTOR A 5757 SW 8TH STREET STE #104 Street Address (P.O. Box Number Is Not Acceptable) at MIAMI, FL 33144 Zip Code City 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 a. typed or primed partie of registered agent and title if applicable. (NOTE: Registered Agent signature required when reins FILE NOWILL FEE IS \$150,00 After May 1, 2003 Fee will be \$650.00 Amended UBR is:\$61.25 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CRZE034 (10/02) ΠP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SALVADOR, HECTOR A NAME NAME STREET ADDRESS 5757 SW 8TH STREET STE #104 STREET ADDRESS MIAMI, FL 33144 CITY.ST.7IP CITY-ST-ZP ■ Addition DΥ Change TITLE Delete TITLE NAME AYALA, PABLO NAME 5757 SW 8TH STREET STE #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZP MIAMI, FL 33144 COY.ST.ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-51-2P C0Y-51-7IP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STIEET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 inustee 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 with all other like empowered.

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SIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Caytime Phone #

☐ Change

■ Addition

PAUL HAIR & MAKE UP ARTIST, INC. 5757 S.W. 8th Street Suite 104 Miami, FL 33144

Doc. #P02000116578

September 16, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2003. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happened, so your office could review my case and attached a \$150.00 check with the annual report. I'm sending it to your office the way I was instructed by your office. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours,

Hector A. Salvador

President