FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90729 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004088

1. Entity Name
SALON AVANTE, INC.

90119713

Principal Place of Business	Mailing Address
~~7902 W WATERS~~ ~~TAMPA, FL 33615~~	~~P O BOX 260066~~ ~~TAMPA, FL 33685~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5610 Hanley Rd	
Suite, Apt #, etc. Ste 113	Suite, Apt #, etc.
City & State TAMPA Fl	City & State
Zip 33615 / Country USA	Zip / Country

4. FEI Number 59-3226140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNOZ, MELINDA 7902 W WATERS TAMPA, FL 33615	Name: Wheelus, Melinda Street Address (P.O. Box Number is Not Acceptable): 5610 Hanley Rd, Ste 113 City: TAMPA FL Zip Code: 33615

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANDS, MELINDA 7902 W WATERS AVE TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wheelus, Melinda 5610 Hanley Rd Ste 113 TAMPA Fl 33615 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENTLEY, PAMELA 7902 W WATERS AVE TAMPA, FL 33615 ☑ 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
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CR2E034 (10/02)

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.