FILED Mar 31, 2002 8:00 am Secretary of State 03-31-2002 90338 036 ***150.00

FOR PROFIT CORPORATION

OMITORIA BUSINESS REPORT (UBR)		
DOCUMENT # P9400012242		
HAIR CONCEPTS BY MAR	Y, INC.	
THE NORWAND AND THE PARTY	SPACE B0053665	
2. Principal Place of Business 4 3. Mailing Address		
1/180 NW BOCA FATON BUILT 236 TAE Suite, Apt. #, etc. 2 Suite, Apt. #, etc.	DO NOT WRITE IN THIS SP.	ACE
City & State BOCA PATON FL OFLEAN	BCH FL 650 491 683	Applied For
33432 COUNTY 33444	Country 5. Certificate of Status Desired	8.75 Additional Required
	7. Name and Address of Current Registered A	gent
	Street Address (P.O. Box Number is Not Acceptable) 8 C	
	AFLERY BCH FL 33	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when rainstains) DATE		
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back)	to the second of	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS		
TITLE PRESIDENT NAME MARY MYERS		
STREET ADDRESS 2361 JAEGER AR, 8C CITY-ST-UP NELRAY BCH FL 33444		CRZE034B (12/01)
NAME		CR2E
SIREET ADDRESS CITY-ST-2IP		
TITLE		
STREET ADDRESS CITY-ST-ZIP	ASSESSED AND THE PROPERTY OF T	TO A CHARLES AND ADDRESS OF THE PARTY OF THE
TITLE NAME, STREET ADDRESS	- IN THIS SEAS	
CITY-ST-ZIP TIFLE /		
NAME STREET ADDRESS	SINE TO THE TAX TO THE	
CITY-ST-ZIP TITLE		
NAME STREET ADDRESS CITY-ST-2IP		
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 OFFI		Phone •