

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 03, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000042796**1. Entity Name  
**M. POINT BEAUTY COMPANY**Principal Place of Business  
401 MIRACLE MILE  
CORAL GABLES FL 33134  
Mailing Address  
401 MIRACLE MILE  
#101  
CORAL GABLES FL 331342. Principal Place of Business  
1481 AGUA AVE3. Mailing Address  
1481 AGUA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL GABLES FLCity & State  
CORAL GABLES FL4. FEI Number  
**65-0495391**Applied For  
Not ApplicableZip Country  
331565. 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**RODRIGUEZ MARISEL  
401 MIRACLE MILE  
SUITE 101  
CORAL GABLES FL 33134  
USName  
RODRIGUEZ MARISEL  
Street Address (P.O. Box Number is Not Acceptable)  
1481 AGUA AVE  
City  
CORAL GABLES FL Zip Code  
33156

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.

SIGNATURE \_\_\_\_\_ **08/03/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☐ Delete  
NAME RODRIGUEZ MARISEL  
STREET ADDRESS 401 MIRACLE MILE  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE PD ☒ Change ☐ Addition  
NAME RODRIGUEZ MARISEL  
STREET ADDRESS 1481 AGUA AVE  
CITY-ST-ZIP CORAL GABLES FL 33156TITLE ☐ Delete  
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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marisel Rodriguez

PD 08/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)