

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90166 047 ***150.00

DOCUMENT # P94000085254

1. Entity Name
MARBLES SALON INC.



Principal Place of Business
2790 NE 201ST TERRACE
APT. #H110
AVENTURA FL 33180

Mailing Address
2790 NE 201ST TERRACE
APT. #H110
AVENTURA FL 33180



2. Principal Place of Business
1720 FUNSTON STREET
Suite, Apt. #, etc.
APT #206

3. Mailing Address
1720 FUNSTON STREET
Suite, Apt. #, etc.
APT #206

City & State
Hollywood FL.
Zip
33020 Country
U.S.A.

City & State
HOLLYWOOD FL.
Zip
33020 Country
U.S.A.

4. FEI Number **65-0849465**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARRISON, JORDANA T.
2790 NE 201ST TERRACE
APT. #H110
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **HARRISON, JORDANA T.**
Street Address (P.O. Box Number is Not Acceptable)
1720 FUNSTON STREET APT # 206
City **Hollywood** **FL** Zip Code **33020**

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 *Jordana Harrison*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

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

TITLE **DPV** ☐ Delete
NAME **HARRISON, JORDANA**
STREET ADDRESS **2790 NE 201ST TERRACE #H110**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **ST** ☐ Delete
NAME **HARRISON, JORDANA**
STREET ADDRESS **2790 NE 201ST TERRACE #H110**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE: *Jordana T. Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 **(305)992-3343**
Date Daytime Phone #

CR2E034 (10/02)