2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010057 1. Entity Name CAPRI BEAUTY SALON INC				Secretary of State 02-05-2002 90039 017 ***150.00
Principal Place of Business 1744 8 KENNEDY CAUSEWAY N. BAY, VILLAGE FL 33141		Mailing Address 1744 B KENNEDY CAUSEWAY N. BAY VILLAGE FL 33141		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0560704 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
TANNHAUSER, MARIA 7512 MUTINY AVE. N BAY VILLAGE FL 33145				NHAUSER, PATRICIA (ONLY AGENT) IS (P.O. BOX Number is Notifacceptable) ST.K. 79ST CAUSEWAY #14M TH BAY VILLAGE FL Zip Code 33141
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 Signature, typedor printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		i	FEE IS \$150.00 Fee will be \$550.00 to Department of S	I Trust Fund Contribution I I Added to Fees I
11.	OFFICERS AND (DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANNHAUSER, MARIA T. 7512 MUTING VILLAGE AVE N. BAY VILLAGE FL 33141	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANNHAUSER, PATRICIA 7512 MUTINY VILLAGE AVE N BAY VILLAGE FL 33141	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	HONHAUSER, PATRICIA ADDRESS Addition 65 JFK 79 St. CAUSEWAY #144 - BAY WILLAGE, EL-3314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTANDHMUSER, PATRI 1865 J.F.K. 795+ + N. BAY VILLAGE, F	C14 □ Delete (NEW ADDRESS 1. 3314)	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo or on an attachment with an address,	rue and accurate and that my wered to execute this report as	ne exemption stated in signature shall have the required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director sor, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Date