

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90026 006 ***150.00

UNIFORM SP

DOCUMENT # P95000066600

1. Entity Name
MARILYN'S A NEW YORK SALON, INC.

Principal Place of Business

~~3416 SOUTH UNIVERSITY DRIVE~~
~~DAWIE FL 33324~~

Mailing Address

~~3416 SOUTH UNIVERSITY DRIVE~~
~~DAWIE FL 33324~~

2. Principal Place of Business

300 S. University Dr

3. Mailing Address

300 S. University

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number
65-0606050

Applied For
 Not Applicable

Zip
33328

Country
USA

Zip
33328

Country
USA

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

6. Name and Address of Current Registered Agent

PHILLIPS, JANET
8741 NW 57TH ST
TAMARAC FL 33351

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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, 2002 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 Delete
 NAME **PD ROSS, ELLEN**
 STREET ADDRESS **40941 CORAL SPRINGS DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33068**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD CAMARDA, CARL**
 STREET ADDRESS **806 NE 29TH DR.**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33322-2584**

TITLE Change Addition
 NAME
 STREET ADDRESS **806 NE 29th Dr**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/24/02* Daytime Phone # *(954) 452-1988*

CR2E034 (9/01)