FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am § Secretary of State P96000046970 DOCUMENT # 1. Entity Name 04-18-2002 90469 012 \*\*\*150.00 T.N.T. BEAUTY SALON INC. Mailing Address Principal Place of Business 275 S.W. 27TH AVE. 275 S.W. 27TH AVE. FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0674158 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6." Name and Address of Current Registered Agent Name MODAS, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 1215 SE 2ND AVE., #202 FT. LAUDERDALE FL 33335 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change □ Delete TITLE NAME **BROWN, TERESA** NAME STREET ADDRESS 4170 INVERRARY DR #403 STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME BROWN, LATASHA STREET ADDRESS 4170 INVERRARY DR #403 STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIF ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling 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

SIGNATURE: