

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 016 ***150.00

DOCUMENT # **P960000067422**

1. Entry Name
BOU SALON
BOUTIDES SALON CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7930 NW 36th ST		3. Mailing Address 7930 NW 36th ST	
Suite, Apt. #, etc. # 19		Suite, Apt. #, etc. # 19	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country USA	Zip 33166	Country USA

DO NOT WRITE IN THIS SPACE

<p align="center">DO NOT WRITE IN THIS SPACE</p>	4. FEI Number 650687915		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name HILDA BOU		
		Street Address (P.O. Box Number is Not Acceptable) 7930 NW 36th ST # 19	
		City MIAMI	Zip Code FL 33166

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 _____ (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) <input type="checkbox"/>	<p align="center">January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HILDA BOU 7930 NW 36th ST # 19 MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:  **3-19-02** **(305) 718-3990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)