FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067422

1. Entity Name

BOUTIDES SALON CORP.

DO NOT WRITE IN THIS SPACE

FILED

03 APR 30 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE 03

2. Principal Place of Business	3. Mailing Address
7441 WAYNE AVE-APT 14-J	7441 WAYNE AVE APT 14-J
Suite, Apt. #, etc.: 14-J	Suite, Apt. #, etc.: 14-J
City & State: MIAMI BEACH LORIDA	City & State: MIAMI BEACH FLORIDA
Zip: 33141 Country: MIAMI-DADE	Zip: 33141 Country: MIAMI-DADE

4. FEI Number: 65-0687915 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HILDA BOU

Street Address (P.O. Box Number is Not Acceptable):

7441 WAYNE AVENUE APT 14 J

City: MIAMI, FLORIDA **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: _____ JANUARY 20, 2003

Signature, typed or 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) ☐

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HILDA BOU 7441 WAYNE AVENUE APT 14J MIAMI BEACH, FLORIDA 33141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100017339701 04/30/03--01006--005 **150.00
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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: _____ HILDA BOU-PRESIDENT JAN-20/2003 305-718-3990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024R (1/01)