

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90363 040 ***150.00

DOCUMENT # **P97000005122**

1. Entity Name

Ego Trip Salon Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1623 Michigan Ave

Suite, Apt. #, etc.

3. Mailing Address

6450 SW 81st St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami Beach FL**

City & State **S. Miami FL**

4. FEI Number

45-0719205

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip **33139**

Country **US**

Zip **33143**

Country **US**

7. Name and Address of Current Registered Agent

Name

Donna Holman CPA

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

4960 SW 72nd Ave #304

City

Miami

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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

Donna Holman CPA

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 **D.P.S. - Cathy Carr**
NAME
STREET ADDRESS **4450 SW 81st St**
CITY - ST - ZIP **S Miami FL 33143**

TITLE
NAME
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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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Daytime Phone #

CR2E034B (12/01)