

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90130 018 ***150.00

DOCUMENT # P97000041060

1. Entity Name
JUST KIDS SALON, INC.

Principal Place of Business 10910 WEST FLAGLER ST SUITE 114 MIAMI FL 33174	Mailing Address 10910 WEST FLAGLER ST SUITE 114 MIAMI FL 33174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0758375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHONNEVALD, FRANCISCA
10910 WEST FLAGLER ST
SUITE 114
MIAMI FL 33174

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State: **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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHONNEVALD, FRANCESCA 10910 W. FLAG ST. #114 MIAMI FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SHONNEVALD, OTHONIEL 10910 WEST FLAGLER ST MIAMI FL 33174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francesca Schonnevald* **7/15/02** **305-554-0667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
#P97000041060

B0129684

July 11, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Ref: Just Kids Salon Inc.
Doc.# P97000041060
Form: 2002 UBR

Dear Sir or Madame:

I am writing this letter in regards to my Uniform Business Report payment. I never received the first notice for my Uniform Business Report thus I was unaware that the payment was tardy. I have now received the second notice where I am being charged \$550.00. My next step was to contact your office in order to clarify the situation. As per my conversation with one of your representatives, I was instructed to send in a check in the amount of the original payment of \$150.00 rather than the \$550.00 fee being requested on the second notice application.

Enclosed you will find a check in the amount of \$150.00 as payment for my Uniform Business Report. I do want to state that this is the first time that there has been a discrepancy regarding my payment and unfortunately something that was not in my hands to correct before now. My business's financial stability is not in the condition to pay additional fees that have not been overlooked on my behalf. I hope that you pardon any late fees and accept my payment since I have always been prompt to file and pay prior to this.

I would like to thank you in advance for your attention regarding this delicate matter. If any additional information is needed please do not hesitate to contact me at the above address or at the following phone number, (305) 554-0667

Respectfully

Francesca Shonnevald

Francesca Shonnevald
President
Just Kids Salon, Inc.