

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

0217885 AV

DOCUMENT # **P97000074353**

1. Entity Name  
**FRANCI'S BEAUTY SALON, CORP.**

02-19-2002 90048 026 \*\*\*150.00

Principal Place of Business      Mailing Address  
**2923 SW 8TH STREET**      **2923 SW 8TH STREET**  
**MIAMI FL 33135**      **MIAMI FL 33135**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0776891**      Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LASTRA, CLARA~~  
~~2923 SW 8TH STREET~~  
~~MIAMI FL 33135~~

Name ~~CLARA LASTRA~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**52 NW 51 AVE**  
 City **MIAMI**      FL      Zip Code **33126**

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 \_\_\_\_\_ 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPV	LASTRA, CLARA		
STREET ADDRESS	2923 SW 8ST		
CITY-ST-ZIP	MIAMI FL 33155		
DS	LOPEZ, WILBERT		
STREET ADDRESS	2923 SW 8 ST		
CITY-ST-ZIP	MIAMI FL 33135		

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: *[Signature]* **REQUIRED** President      Date: **1/12/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/01)