1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000082719

1. Corporation Name

MAGNIFICENT HAIR AND NAIL UNISEX BEAUTY SALON. NC.

Principal Place of Business

Mailing Address

6272 MIRAMAR PKWY MIRAMAR FL 33023

6272 MIRAMAR PKWY MIRAMAR FL 33023

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90218 049 \*\*\*150.00



							DO NOT WRITE IN THIS SPACE				
							<ol><li>Date Incorporated or Qualife</li></ol>	d			
							09/24/1997				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Appl	ied For
21 26							65-0797238			Not	Applicable
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.				5. Certificate of Status Desired		<b>+</b>		Iditional	
22	27					5. Certificate of Status Desired		Fe	e Req	uired	
City & Stat	City & State	State				6. Election Campaign Financing	<b>3</b> 🗆	\$5	.00 N	1ay Be	
23	28						Trust Fund Contribution		Ad	ded to	Fees
Zip	Country	Zip	C	ountry			8. This corporation owes the cu	irrent year Int	angible		l
24	25	29	30				Personal Property Tax.		XYes		□No
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New	Registered .	Agent		
					Na	ame					
MONTIQUE, MICHAEL J					62 Street Address (D.O. Box Number is Not Acceptable)						
6628 ARBOR DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)							
MIRAMAR FL 33023				83	T						
					Ļ				Ta=1	7: 0	
ı				84	C	ity		FL	85	Zip Co	ode
44 Durant to the provision of Cortines 607 0503 and 607 1508 Slorida Statutes, the above gamed corporation submits this statement for the number of changing its registered											
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthoriz	ed by	the	corporation	s board of directors. I hereby acc	ept the appoi	ntment	as regi	stered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida St	atutes	;,						
SIGNATURE	Oleman de la constant and au	A d title if publicable (NOTE	- Doniele	red Acer	ot eign	nature required w	then reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE- 12. OFFICERS AND DIRECTORS				13.		natore required w	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRE	CTOF	RS IN 12
TITLE	PD	☐ DELETE	_	TITLE					[] Cha		☐ Addition
	LEE. MURVELY N			NAME		Ì					
NAME	6628 ARBOR DRIVE			STREE	T 4 (V)	NDE CC					
STREET ADDRESS	MIRAMAR FL 33023		1								
CITY-ST-ZIP	TD	☐ DELETE	_	CITY-S	11-217	<del>-   -</del>			Cha	ange	Addition
TITLE	' <del>-</del>										
NAME	MONTIQUE, MICHAEL J			2.2 NAME							ĺ
STREET ADDRESS	6628 ARBOR DRIVE			2.3 STREET ADDRESS							
CITY-ST-ZIP	MIRAMAR FL 33023  □ DELETE			2.4 CITY-ST-ZIP					[ ] Cha	anne	Addition
TITLE			t							ange.	
NAME				NAME							
STREET ADDRESS				STREE							
CITY-ST-ZIP				CITY-S	st-zif	Р			C 1 C L		- Addition
TITLE		☐ DELETE		TITLE					[] Ch	anye	☐ Addition
NAME				2 NAME							
STREET ADDRESS			4.3	STREE	TADD	ORESS					
CITY-ST-ZIP			_	CITY-S	T-ZIP	-					
TITLE		☐ DELETE		TITLE		1			Ch	ange	☐ Addition
NAME			5.2	NAME							
STREET ADDRESS			5.3	STREE	TADD	DRESS					
CITY-ST-ZIP				CITY-S	T-ZIP	>					
Title		☐ DELETE	6.1	TITLE					☐ Chi	ange	Addition
NAME			6.2	NAME							
STREET ADDRESS			6.3	STREET	TADD	DRESS					
CITY-ST-ZIP	<b>\</b>		6.4	CITY-S	ST-ZIP	,					

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)