

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90001 025 ***150.00

DOCUMENT # P97000082719

1. Entity Name
MAGNIFICENT HAIR AND NAIL UNISEX BEAUTY SALON, INC.



Principal Place of Business
**6272 MIRAMAR PKWY
MIRAMAR, FL 33023**

Mailing Address
**6272 MIRAMAR PKWY
MIRAMAR, FL 33023**

54024291



2. Principal Place of Business
**6272 miramar
Parkway**

3. Mailing Address
**6272 miramar
Parkway**

City & State
MIRAMAR FL

City & State
MIRAMAR FL

Zip
33023

Country
USA

Zip
33023

Country
USA

03152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**LEE, MURVELY N
6628 ARBOR DRIVE
MIRAMAR, FL 33023**

4. FEI Number
65-0797238

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **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 *Murvely N* **3-25-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, MURVELY N 6628 ARBOR DRIVE MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTIQUE, MICHAEL J 6628 ARBOR DRIVE MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Murvely N* **3-25-04** **954 9822672**

Signature and typed or printed name of signing officer or director Date Daytime Phone #