2001 UNIFORM BUSINESS REPORT (UBR) Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P97000089786 1 Entity Name HOLYSTIC HEALTH AND BEAUTY CORP. 04-12-2001 90174 006 ***150.00 Mailing Address Principal Place of Business 12510 SW 72 TERR 12510 SW 72 TERR MIAMI FL 33183 MIAMI FL 33183 **ULGOODA** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FFI Number 65-0803045 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, INGRID Street Address (P.O. Box Number is Not Acceptable) 12510 SW 72 TERR MIAMI FL 33183 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change TITL Delete TITLE NAM FERNANDEZ, INGRID NAME STRET ADDRESS 12510 SW 72 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition TiTi ☐ Delete NAME NAM STRIET ADDRESS STREET ADDRESS -ST-ZIP CITY CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT TITLE NAME ET ADDRESS STREET ADDRESS STR ST-ZIP CITY-ST-ZIP CIT ☐ Change ☐ Addition ☐ Delete TITLE NAME ST ET ADDRESS STREET ADDRESS CI ST-ZIP CITY-ST-ZIP Delete ĪII Change, Addition TITLE NAME STR ET ADDRESS STREET ADDRESS CIT - ST- ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 trustey 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 adverses, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDEZ. 4-6-01 305-4120337 -

CR2E034 (10/00