

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90240 036 \*\*\*150.00

DOCUMENT # P98000025432

1. Entity Name  
Aventi Hair Studio Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
932 Lincoln Road  
Suite, Apt. #, etc.

3. Mailing Address  
932 Lincoln Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami Beach FL  
Zip  
33139  
Country  
USA

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Miami Beach FL  
Zip  
33139  
Country  
USA

4. FEI Number  
650824164  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Anthony C. Sgro  
Street Address (P.O. Box Number is Not Acceptable)  
932 Lincoln Road  
City  
Miami Beach FL Zip Code  
33139

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 Anthony C. Sgro (NOTE: Registered Agent signature required when re-registering) DATE 4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January - May: Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	P
NAME	Anthony C. Sgro
STREET ADDRESS	1658 Bay Road #702
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	V
NAME	Christopher J. Lance
STREET ADDRESS	1658 Bay Road #702
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher J. Lance DATE: 4/30/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #