

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90181 015 ***150.00

DOCUMENT # P98000030497

1. Entity Name
MAGIC HAIR AND NAIL BEAUTY SALON, INC.



Principal Place of Business
**2421 W. OAK RIDGE RD.
ORLANDO FL 32809**

Mailing Address
**2421 W. OAK RIDGE RD.
ORLANDO FL 32809**



2. Principal Place of Business

2421 W. Oak Ridge Rd.

3. Mailing Address

2421 W. Oak Ridge

Suite, Apt. #, etc.

2421

Suite, Apt. #, etc.

2421

City & State

Orlando FL

City & State

Orlando

4. FEI Number

59-3523375

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

32809

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, EDNER

**2421 WEST OAK RIDGE ROAD
ORLANDO FL 32809**

Name

Edner Joseph
2421 W. Oak Ridge Rd.

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

City

Orlando

FL

Zip Code

32809

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 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **D** ☐ Delete
NAME **JOSEPH, EDNER**
STREET ADDRESS **2421 WEST OAK RIDGE ROAD**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOSEPH, GUERDA**
STREET ADDRESS **2421 WEST OAK RIDGE ROAD**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)