10/11/2014 03:00 FAX

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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90312 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040459

1. Entity Name
NORA GOMEZ BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
4700 N.W. 3RD AVE POMPANO BEACH, FL 33064	4511 N.W. 3RD AVE POMPANO BEACH, FL 33064

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4700 N.W. 3RD Ave	4511 N.W. 3RD Ave
Suite, Apt #, etc.	Suite, Apt. #, etc. Pomp. Bch.
City & State: Pompano Beach Fl.	City & State: Pompano Bh. Fl.
Zip: 33064 Country: BRWD	Zip: 33064 Country: BRWD

4. FEI Number 65-0833427 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, NORA
4511 NW 3RD AVE.
POMPANO BEACH, FL 33064

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

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	D GOMEZ, NORA 4511 NW 3RD AVE. POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Nora Gomez 4/28/03 954 942-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #