2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000047898 Jul 19, 2000 8:00 am 1. Entity Name Secretary of State PARIS LOOK BEAUTY SALON, INC. 07-19-2000 90154 018 ***150.00 Principal Place of Business Mailing Address 1627 BRICKELL AVE. APT 1503 1627 BRICKELL AVE. APT 1503 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 1220 7228 NIN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0844413 Miami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIRANDA, JEANETTE Street Address (P.O. Box Number is Not Acceptable) 1627 BRICKELL AVE, APT 1503 **MIAMI FL 33129** Zio Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and to if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After SEPTEMBER-13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE ☐ Change Addition MIRANDA, JEANNETTE NAME NAME STREET ADDRESS STREET ADDRESS 1627 BRICKELL AVE. APT 1503 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE TO SIGNATURE OF SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF SIGNAT

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Attachmente 1)#980000 47898 07/10/00 DW72032

To: Division of Corporations

Subject: Paris Look Beauty Salon Inc.

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Ahows our New Correct address.

SINCERALY YOURS

JOHNHETTE MIKANDA