FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PAge 1x2

DOCUMENT # P98000064792 FILED: 1. Entity Name 02 JUL 17 AH 9: 45 CREATIVE BEAUTY SALON, INC. SECRETARY OF STATE DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 38010 15th Avenue 38010 15th Avenue Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Zephyrhills, Florida Zephyrhills, Florida 59-3525163 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired 33542 Fee Required 7. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street IN THIS SPACE 4th Floor Miami 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. President (NOTE: Registered Agent signature required when reinstating) January 1 May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS · 生物性致感性致病性 TITLE PSTD NAME 🖫 000006589220 Simone, Patricia A. NAME STREET ADDRESS 38010 15th Avenue STREET ADDRESS 07/23/02--01037--020> CITY-ST-ZIP Zephyrhills, Florida 33542 TITLE NAME NAME . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME. STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP, TITLE TITLE T' IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72P TITLE TITLE : NAME NAME -STREET ADDRESS STREET ADDRESS ٠ - با TITY-ST-ZIP! CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

Q I	C	M	ΛT	HD	E .

Patri

Patricia A. Simone, President 7-11-02

Daytime Phone #

PGC212

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE ANNUAL REPORT LATE FEES

		LORIDA PASCO ~)			d · · · ·
1. (hereir	Patricia nafter "Co	A. Simone is corporation").	the President of CR	ATIVE BEAUTY SA	LON, INC., a Florida corpora	ation,
2. Busine	That these Report	e Corporation t filing fee wit	failed to file its 2 hin the time prescr	2 Uniform Business of by Florida Statutes	Report or pay the 2002 Unis Chapter 607 because:	form
	2.1	the written not Report fee to Corporation; a	o the Florida Dej	for filing the Annual I tment of State was	Report and pay the Annual s never received by the	
3. the pay simulta	ment by	poration reque the Corporat with this Affid	ion of its 2002 Ui	nent of State waive thorm Business Repor	ne late fee for the Corporation t filing fee, which are prese	upon ented
4.	CREAT	IVE BEAUTY	SALON, INC. sa	ies the requirements	of the Florida Statutes 607.0)401 <i>.</i>
Dated:	day	of July, 2002	ମଧ୍ୟ ପ୍ରଥମ ଅନ୍ତମ ଅନ୍ତମ । ଅନ୍ତମ ଅ ଆଧାରଣ ଓଡ଼ିଆ ଅନ୍ତମ ଅନ	ent de la companya d La companya de la co		· · · · · · · · · · · · · · · · · · ·
	FURTE	IER, AFFIAN	T SAYETH NOT			
				•		
•				CREATIVE BE	EAUTY SALON, INC.	
	•			By: Latac , Patricia A. Simo	one, President	., .
			,		FLOL SSSC	68/626427
	n in de la company de la compa		CONSTANCE J. AMES MY COMMISSION # DD 0760 EXPIRES: January 1, 2006 Bonded Thru Notary Public Underwrit	Notary Public, S	SUBSCRIBED // day of July, 2002. State of Plorida at Large Constance J. A.	 mes