FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90104 038 ***150.00

DOCUMENT # P98000078536

1. Entity Name
Pucci's Beauty Treatment Center, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
280 Racquet Club Rd	280 Racquet Club Rd
Suite, Apt. # etc. Bldg 112 # 101	Suite, Apt. # etc. Bldg 112 # 101
City & State Weston, Fl	City & State Weston, Fl
Zip 33326 Country USA	Zip 33326 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0862373 — 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: Piedad Mesa
Street Address (P.O. Box Number Not Acceptable): 280 Racquet Club Road Bldg 112 # 101
City: Weston FL Zip Code: 33326

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: Piedad Mesa — AGENT — 04-09-02
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 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

NAME / STREET ADDRESS / CITY-ST-ZIP	PSV Piedad Mesa Same as Above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, all other like empowered.

SIGNATURE: Piedad Mesa. — President — 04-09-02 — (954) 3499152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E084B (12/01)