G98031999,90001-020-$400.00-$400.00

999.

AMOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90001 020 ***400.00
08-19-1999 90006 028 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000084301

1. Corporation Name
UNIVERSAL BEAUTY SCHOOL, INC.

Principal Place of Business	Mailing Address
893 SW 86 COURT MIAMI FL 33144	893 SW 86 COURT MIAMI FL 33144

moved to: 10720 W. Flagler #21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10720 W. Flagler	2a. Mailing Address 26 10720 W. Flagler
Suite, Apt. #, etc. 22 21	Suite, Apt. #, etc. 27 21
City & State 23 Sweetwater, FL	City & State 28 Sweetwater, FL
Zip / Country 24 33174 / 25 DADE	Zip / Country 29 33174 / 30 DADE

3. Date Incorporated or Qualified: 09/30/1998
4. FEI Number: 65-0889733 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARCIA, IRIS 893 SW 86 COURT MIAMI FL 33144	81 Name: MICHAEL GARCIA 82 Street Address (P.O. Box Number is Not Acceptable): 10720 WEST Flagler 83: Suite 21 84 City: Sweetwater FL 85 Zip Code: 33174

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORTEGA, MARGARITA 893 SW 86 COURT MIAMI FL 33144	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TREASURER ORTEGA, MARGARITA 10720 WEST Flagler Suite 21 MIAMI FL 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, MICHAEL C/O 893 SW 86 COURT MIAMI FL 33144	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD GARCIA, MICHAEL 10720 WEST Flagler Suite 21 MIAMI, FL 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARCIA, IRIS C/O 893 SW 86 COURT MIAMI FL 33144	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PRESIDENT + SECRETARY FERNANDEZ, CARMEN M. 10720 WEST Flagler Suite 21 MIAMI, FL 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [illegible] SIGNATURE REQUIRED — 7/26/99 — 305-828-9948
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)