2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

Mailing Address

3. Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered agr

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

Country

Street Address (P.O. B

(NOTE: Registered Agent signature required when re

11.

TITLE

NAME

TITLE NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS

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2778 MICHIGAN AVE

KISSIMMEE FL 34744

P98000101618 DOCUMENT # 1. Entity Name SAMY'S BEAUTY SALON, INC.

Principal Place of Business

2. Principal Place of Business

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

C/O 1501 PURPLE VIOLET CT

C/O 1501 PURPLE VIOLET CT

6. Name and Address of Current Registered Agent

2778 MICHIGAN AVE

KISSIMMEE FL 34744

Suite, Apt. #, etc.

CASTRO, MARIA

SIGNATURE _

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

1501 PURPLE VIOLET CT ORLANDO FL 32824

PSD

CASTRO, MARIA

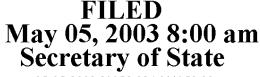
ORLANDO FL 32824

FELIBERTI, SAMUEL

ORLANDO FL 32824

City & State

Zip



05-05-2003 91173 024 ***150.00

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☐ CHECK HERE IF MAKING CHANGES		
4. FEI Number	Applied For	
59-3547578	Not Applicable	
5. Certificate of Status Desired S8.75 Additional Fee Required		
7. Name and Address of New Registered Agent		
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O. Box Number is Not Acceptable)		
orllo rom		
neneft FL Z	lip Code 347 4 4	
d agent, or both, in the State of Florida. I am familia		
then reinstating) DATE		
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11	
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Simeret 61.34744		
LES TE ROSARIO DO	Change Addition	
- CITRUI DR-		
Siamueri Fl-3474	43	
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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.

CITY-ST-ZIP

SIGNATURE:

Date

Daytime Phone #

Change

☐ Change

Addition

☐ Addition

CR2E034 (10/02)