

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

FILED

03 FEB -7 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

0403

P99 000047714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5913 West Hillsboro Blvd

3. Mailing Address

6041 NW 67 Court

Suite, Apt. #, etc.

2 J Parkland

Suite, Apt. #, etc.

Parkland, FL

City & State

FL 33067

City & State

33067 FL

Zip

FL

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0923287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Xinh T. Mutrux

Street Address (P.O. Box Number is Not Acceptable)

6041 NW 67 Court

City

Parkland

FL

33067

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

Xinh T. Mutrux

12/27/02

Signature, typed 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Xinh T. Mutrux, president
6041 NW 67 Court Parkland
FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800011917688
02/07/03--01017--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michelle M. Mutrux, vice president
6041 NW 67 Court
Parkland, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800011917688
02/07/03--01017--002 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/02

Date

954-3414148

Daytime Phone #

CR2E034B (12/01)

December 02-2002

Dear Sir:

My name is Xinh T. Mitru X Corporation
name: Creative Image Salon, Inc.

Document Number: P99000047714

I would like to let you know
that I was not receive the first
or the second notice of mine
new notice.

Please reinstate my corporation
I would appreciate its very much

Thank you

P.S.
Enclosed a check #3829
amount of \$150 -
Cul I M