

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000052526

1. Entity Name

~~ALICIA'S HAIR CARE INC.~~

NAME CHANGE TO SALON ESSENTIALS

Principal Place of Business

Mailing Address

NW 120TH DRIVE  
CORAL SPRINGS FL 33071

527 NW 120TH DRIVE  
CORAL SPRINGS FL 33071-4029

2. Principal Place of Business

3. Mailing Address

8029 OAKLAND PARK BLVD 8029 OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA 33351

City & State

SUNRISE FLORIDA

Zip

Country

Zip

Country

33351

BROWARD

33351

BROWARD

6. Name and Address of Current Registered Agent

PATTERSON, CYNTHIA P  
527 NW 120TH DRIVE  
CORAL SPRINGS FL 33071

4. FCI Number

65-0939327

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PST	<input type="checkbox"/> Delete
NAME	PATTERSON, CYNTHIA P	
STREET ADDRESS	527 NW 120TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cynthia P. Patterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90026 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (\$999)