FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90363 009 ***150.00

DOCUMENT #P99000066147

1. Entity Name

STAR SALON, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3215-3217 N. Ocean Blvd	3215-3217 N. Ocean Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. Lauderdale, fl	City & State: FT Lauderdal fl
Zip: 33308 Country: U.S.A	Zip: 33308 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0935978 ☐ 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: Master, Glen M.

Street Address (P.O. Box Number is Not Acceptable): 3215-3217 N Ocean Blvd

City: FT Lauderdale FL Zip Code: 33308

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: Glen M. Master President 4/27/02
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	President
NAME	Glen Master
STREET ADDRESS	1614 N.E. 34th Court
CITY-ST-ZIP	Ft Lauderdale, fl 33334
TITLE	Treasury
NAME	JOHN RULKA
STREET ADDRESS	1614 N.E 34th court
CITY-ST-ZIP	Ft Lauderdal, fl 33334
TITLE	
NAME	
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CR2E034B (12/01)

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: Glen M. Master President 4/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #