2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080674

1. Entity Name

UNIVERSAL SALON, INC.

Principal Place of Business

307 ATLANTIC AVENUE
MIAMI BEACH, FLORIDA 33160

Mailing Address

B0021695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18737 W. DIXIE HIGHWAY Suite, Apt. #, etc.	3. Mailing Address 18737 W. DIXIE HIGHWAY Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
NORTH MIAMI BEACH, FL 33180	NORTH MIAMI BEACH, FL 33160	65-0951299	Not Applicable

Zip	Country	Zip	Country	
33180	USA	33180	USA	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVEN A. FRANKEL, P.A. 307 ATLANTIC AVENUE MIAMI BEACH, FLORIDA 33160	Name BRIAN E. PORT Street Address (P.O. Box Number is Not Acceptable) FROMBERG, PERLOW & KORNIK, P.A. 20801 BISCAYNE BLVD., SUITE 505 City AVENTURA FL Zip Code 33180

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 _____   BRIAN E. PORT   2/2/2000

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/S/T/D NAME ALAN AMIEL STREET ADDRESS 307 ATLANTIC AVENUE CITY-ST-ZIP MIAMI BEACH, FLORIDA 33160	XX Delete	TITLE P/S NAME RAN COHEN STREET ADDRESS 18737 W. DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE V/T NAME AVIVIT ELKAYAM STREET ADDRESS 18737 W. DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH, FLORIDA 33180	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____   2-4-00 (305) 933-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #