6-20-00

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
00 JUN 20 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099000

1. Entity Name
SALON 2005, INC.

Principal Place of Business	Mailing Address
2695 N. Military Trail West Palm Beach, FL 33408	2695 N. Military Trail West Palm Beach, FL 33408

104523

2. Principal Place of Business		3. Mailing Address	
1865 Brickell Ave.		1865 Brickell Avenue	
Suite, Apt. #, etc.: #A-207		Suite, Apt. #, etc.: #A-207	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33129	Country: Miami-Dade	Zip: 33129	Country: Miami-Dade

DO NOT WRITE IN THIS SPACE
05/04/00 90222 040 150.00

4. FEI Number 65-1062787 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Baillou, Leonora
2695 N. Military Trail
~~West Palm Beach, FL 33408~~

7. Name and Address of New Registered Agent

Name: Schere, Leslie Alan
Street Address (P.O. Box Number is Not Acceptable): 1865 Brickell Avenue
Suite A-207
City: Miami FL Zip Code: 33129

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] Leslie Alan Schere 4/14/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Baillou, Leonora 2695 N. Military Trail West Palm Beach, FL 33408	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Baillou, Leonora 1865 Brickell Ave., #A-207 Miami, FL 33129	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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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: [signature] Leonora Baillou 4/14/00 (561) 434-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/20