

2000 UNIFORM BUSINESS REPORT (UBR)

S/4

6-20-00

DOCUMENT # P99000099800

1. Entity Name
SALON 2005, INC.

FILED

00 JUN 20 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
2695 N. Military Trail
West Palm Beach, FL
33408

104523

2. Principal Place of Business
1865 Brickell Ave.

3. Mailing Address
1865 Brickell Avenue

Suite, Apt. #, etc.
#A-207

Suite, Apt. #, etc.
#A-207

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33129

Zip
33129

Country
Miami-Dade

Country
Miami-Dade

DO NOT WRITE IN THIS SPACE
05/04/00 90822 040 150.00

4. FEI Number
65-1062787

☒ Applied For
☐ Not Applicable

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

Baillou, Leonora

Schere, Leslie Alan

2695 N. Military Trail

1865 Brickell Avenue

West Palm Beach, FL 33408

Suite A-207

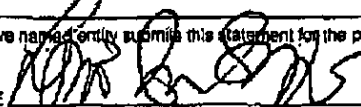
City
Miami

City
Miami

Zip Code
33129

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  Leslie Alan Schere 4/14/00

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

9. This corporation is eligible to secure its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD Baillou, Leonora ☐ Delete

TITLE PSD Baillou, Leonora ☒ Change ☐ Addition

NAME Baillou, Leonora

NAME Baillou, Leonora

STREET ADDRESS 2695 N. Military Trail

STREET ADDRESS 1865 Brickell Ave., #A-207

CITY-ST-ZIP West Palm Beach, FL 33408

CITY-ST-ZIP Miami, FL 33129

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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:  Leonora Baillou 4/14/00 (561) 434-3030

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2ED04 (9/99)

6/20