

DOCUMENT # P99000106538

1. Entity Name
INTERNATIONAL STYLING TOOLS, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90086 020 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3100 N.W. 88TH AVENUE
UNIT 308
SUNRISE FL 33351

Mailing Address
3100 N.W. 88TH AVENUE
UNIT 308
SUNRISE FL 33351

2. Principal Place of Business
4668-4670 N. Harts Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 451419
Suite, Apt. #, etc.

City & State
Sunrise, FL
Zip
33351
Country
USA

City & State
Sunrise, Florida
Zip
33345
Country
USA

4. FEI Number 65-0967867
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRESLOW, RANAE
3100 N.W. 88TH AVENUE
UNIT 308
SUNRISE FL 33351

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, MICHAEL 3100 NW 88TH AVE #308 SUNRISE FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRESLOW, RANAE 3100 NW 88TH AVE #308 SUNRISE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Michael Gilbert, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 JAN 01 954-746-0110
Date Daytime Phone #

CR2E034 (10/00)