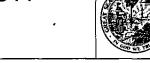
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000110844

1. Entity Name ECCENTRIC BEAUTY, INC.



FILED May 01, 2003 8:00 am & Secretary of State

05-01-2003 90385 032 ***150.00



						GOO WE THE						
Principal Place of Business 7855 WEST SAMPLE RD. CORAL SPRINGS FL 33065			Mailing Address 22842 SW 53RD AVENUE BOCA RATON FL 33433									
2. Principal P	lace of Busin	3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	FEI Number 65-0970150		} 	oplied For	7
Zip Country			Zip		Count	Country 5.		Certificate of Status Desired		8.75 Ad ee Require		1
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent					1
						Name				<u></u>		1
LUCIEN, MARIE 22842 SW 53 AVE.				Street Address			s (P.O. E	(P.O. Box Number is Not Acceptable)				
		***			ŀ				_			┪
BOCA RA	TON FL 334	1 33			1							
				``. 		City	Zity			FL Zip Code		
	named entity ions of regist		the purp	ose of changing its	registere	d office or regis	stered ag	gent, or both, in the State of Flo	rida. I am fa	amiliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOTE	: Registered	Agent signature requ	uired when re	reinstating)	DATE			
, E	ILE NOWII	L_FEE_IS_\$150.00					·					1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S				state				9: Election Campaign Fin Trust Fund Contribution	· -		0 May Be do to Fees	-
		OFFICERS AND	DC .	11.			DDITIONS/CHANGES TO OFFI	CCDC AND	DIRECTOR	C IN 11	-	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: