106000000064

}	
(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Document Number)	
}	
Certified Copies Certificates of Status	
}	
Consist Implementations to Filling Officers	
Special Instructions to Filing Officer:	
	Ì
}	
	j
}	
Office Use Only	



600063857146

01/17/06--01005--024 **87.50

106-64

DE JAN 20 AN 7: 28

COVER LETTER

Division of Corporations						
SUBJECT: JonJuan Salon, Inc.						
	(Mark to be registered)					
The enclosed Trademark/Service Mark Application,	specimens and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Bernardo Burstein, Esq.						
(Name of Person)						
Burstein & Associates, P.A.						
(Firm/Company)						
12000 Biscayne Blvd., Ste 508	3					
Miami, FL 33181						
(City/State and Zip Code)						
For further information concerning this matter, pleas	ee call:					
Bernardo Burstein, Esq.	at (305) 981-9033					
(Name of Person)	(Area Code & Daytime Telephone Number)					
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Registration Section

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

TO:

PURSUANT TO CHAPTER 495, FLORIDA STATUTES Division of Corporations Post Office Box 6327 Taltahassee, FL 32314 Name & address to whom acknowledgment should be sent: Bernardo Burstein, Esq. 12000 Biscayne Blvd., Ste 508 Miami, FL 33181 (305) 981-9033 Daytime Telephone number PART I 1. (a) Applicant's name: JonJuan Salon, Inc. (b) Applicant's business address: 153 N Nobhill Road Plantation, FL 33321 City/State/Zip If different, Applicant's mailing address: City/State/Zip (c) Applicant's telephone number: (954) 370-3393 Individual ✓ Corporation ☐Joint Venture Other: Limited Partnership General Partnership **∠**Union If other than an individual, (2) Domicile State: Florida (1) Florida registration/document number: P03000055835 (3) Federal Employer Identification Number: 043655006 2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.) Hair styling, manicures, pedicures, facials, skin care, waxing, massages (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.) Corporate name, signage, labels, decals, newspaper, internet, radio and television advertisements, website,

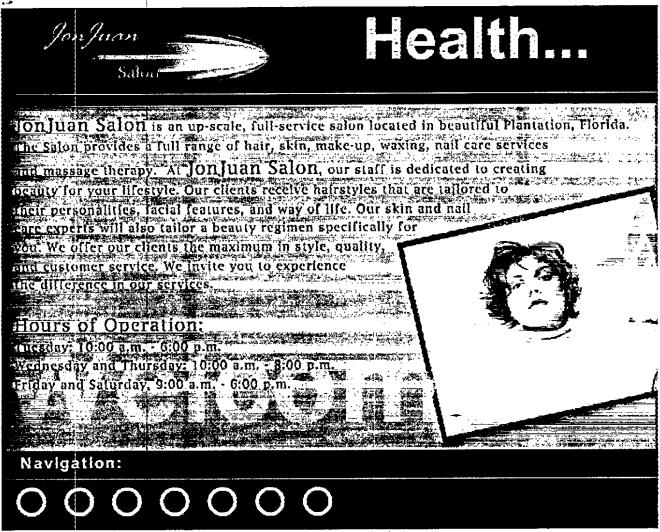
(Continued)

brochures, general marketing, public information directories.

d) The class(es) in which	goods or servic	es fall:						
Class: 42	}		· · · · · · · · · · · · · · · · · · ·					
Date first used by the	applicant, prede		PART II	pany (must i	nclude month, o	lay and ye	ar):	
(a) Date first used anywi	(- -						•	
The mark to be registed must be 25 words or	ered is: (If logo/cless.)	design is inc	PART III luded, pleas	e give brief v	vritten descript	ion which		
JonJuan Salon								
English Translation	} ; ; }							
2. DISCLAIMER (if app NO CLAIM IS MADE T	plicable) O THE EXCLU	JSIVE RIGI			r Salon OM THE MAJ	RK AS SH	IOWN.	
I. Kevin S. Atchison herein, or that I am authorize the right to use such mark in the mistaken therefor. I make application and know the con	Florida either in the this affidavit and the tents thereof and the	e identical form verification on	u or iu such n my/the appli	ear resemblance cant's behalf. I	e as to be likely to Turther acknowle	deceive ar c	anfuse o	or ta
	Ken	Typed or pr	inted name of	-		TALL	1 90	
STATE OF Flor	(Sei		t name and tit			SKITA KATA	AH 20	7
COUNTY OF Bro	ward					133S		m
On this day of appeared before me, who is personally	•		DOW,_ identity I pr	tenh oved on the b	Atch.	F & ATE PEORIDA	pėrs 28	onally
My com	SON N. PERSTMAN MISSION #00400	•			7	7/2	<u></u>	
(Seal) Banded by	SON N. PERRYMAN MISSION #00493524 SI SIZIO MISSIONE	4		Ja so	Notary Public Sign Notary's Printed N	Pomo	m	<u>an</u>
	~	Mv	Commissio	n Exnires	11-27	-09		

FEE: \$87.50 per class

:: JonJuan Salon :: Plantation, Florida ::



© 2003-2006 JonJuan Salon Made by Semblates.com