

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90171 019 ***150.00

DOCUMENT # V38245

1. Entity Name
SALON SECRETS, INC.

Principal Place of Business
**10191 W SUNRISE BLVD
 PLANTATION FL 33322
 US**

Mailing Address
**10191 SUNRISE BLVD
 PLANTATION FL 33322
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GRABOWSKI, CAROL 155 LAKEVIEW DR #201 WESTON FL 33326				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				<i>13875 Langley Place Davie</i>			
				City		FL	
						33325	

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	-FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABOWSKI, GEORGE S		NAME	13875 Langley Place	
STREET ADDRESS	155 LAKEVIEW DR., #201		STREET ADDRESS	Davie FL. 33325	
CITY-ST-ZIP	WESTON FL		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABOWSKI, CAROL		NAME	13875 Langley Place	
STREET ADDRESS	155 LAKEVIEW DR.		STREET ADDRESS	DAVIE FL. 33325	
CITY-ST-ZIP	WESTON FL 33322		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABOWSKI, KELLY		NAME	Kelly O'Neill	
STREET ADDRESS	155 LAKEVIEW DR #201		STREET ADDRESS	13875 Langley Place	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	Davie FL. 33325	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kelly O'Neill* Kelly O'Neill M. 4/30/2002 9543706263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)