

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91113 041 \*\*\*150.00

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V58797**

1. Entity Name **SALON 6000 INC.**

**DO NOT WRITE IN THIS SPACE**

92794

2. Principal Place of Business  
**1841 WEST OAKLAND PK BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1841 WEST OAKLAND PARK BLVD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FT. LAUDERDALE, FL**  
Zip **33311** Country **USA**

City & State  
**FT. LAUDERDALE, FL**  
Zip **33311** Country **USA**

4. FEI Number **65-0390722** Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **DONIEL TIGGS**  
Street Address (P.O. Box Number, if not Accountable)  
**1841 W. OAK PK. BLVD.**  
City **OAK, PK.** State **FL** Zip Code **33311**

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

*Doniel Tiggs*

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is **\$150.00**  
After May 1, Fee is **\$550.00**  
Amended UBR is **\$61.25**  
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	<b>D</b>
NAME	<b>TIGGS, DONIEL</b>
STREET ADDRESS	<b>1841 WEST OAKLAND PARK BLVD</b>
CITY-STATE-ZIP	<b>FT. LAUDERDALE, FL 33311</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Doniel Tiggs*

(DONIEL TIGGS)

4/25/02

(954) 730-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E0348 (12/01)