

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**  
 07-20-2000 90024 036 \*\*\*550.00

**DOCUMENT # V61060**  
 1. Entity Name  
**SALON DEPOT, INC.**

Principal Place of Business      Mailing Address  
**1301 W COPANS RD**      **10739 N.W. 19TH ST.**  
**STE B-6**      **CORAL SPRINGS FL 33071**  
**POMPANO BCH FL 33064-2227**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**1301 W. COPANS RD**  
**SUITE B-6**  
**POMPANO BEACH, FL**  
**33064**      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HERSHENSON, FRANK J.**  
**10739 N.W. 19TH ST.**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent  
 Name **FRANK J. HERSHENSON**  
 Street Address (P.O. Box Number is Not Acceptable) **1301 W. COPANS RD.**  
**SUITE B-6**  
 City **POMPANO BEACH** FL Zip Code **33064**

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 **7/17/00**  
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input checked="" type="checkbox"/> Delete
NAME	<b>HERSHENSON, FRANK J.</b>
STREET ADDRESS	<del>10739 N.W. 19TH ST.</del> <b>1301 W. COPANS RD.</b>
CITY-ST-ZIP	<del>CORAL SPRINGS FL</del> <b>SUITE B-6</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>POMPANO BEACH, FL</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>FL 33064</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: DATE **7/17/00** DAYTIME PHONE # **954 979-0223**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR