## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 03/09/2021

PRESIDENT

SIGNATURE: GHANAIM, ARLET

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:** 3837 SW 8 ST

**Current Principal Place of Business:** 

CORAL GABLES. FL 33134

DOCUMENT# P17000005832

3837 SW 8TH STREET CORAL GABLES, FL 33134

## FEI Number: 82-0628456

#### Name and Address of Current Registered Agent:

GHANAIM, ARLET 3837 SW 8TH STREET CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	Р
Name	GHANAIM, ARLET
Address	3837 SW 8TH STREET
City-State-Zip:	CORAL GABLES FL 33134

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: JEAN CLAUDE OLIVIER SALON & SPA - CORAL GABLES

## FILED Mar 09, 2021 Secretary of State 5122728450CC

Certificate of Status Desired: No

Date

Date