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.

PRESIDENT

SIGNATURE: MARIA L MENDEZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P17000014112 Entity Name: CREATIONS BEAUTY SALON 2 CORP

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

50 NW 15 ST 107 HOMESTEAD, FL 33030

## **Current Mailing Address:**

15499 HARDING LN HOMESTEAD, FL 33033

# FEI Number: 82-1663771

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

MENDEZ, MARIA L 15499 HARDING LN HOMESTEAD, FL 33033 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	PD	Title	S
Name	MENDEZ, MARIA L	Name	MENDEZ, SERAFIN
Address	15499 HARDING LN	Address	15499 HARDING LN
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

#### Feb 24, 2021 Secretary of State 5304646934CC

Date

Certificate of Status Desired: No

02/24/2021 Date