

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90122 034 \*\*\*150.00

**DOCUMENT # F83147**

1. Entity Name  
**PEOPLE BEAUTIFUL CORPORATION**

Principal Place of Business      Mailing Address  
**3343 W. COMMERCIAL BLVD.**      **3160 INVERNESS**  
**FT. LAUDERDALE FL 33309**      **FT LAUDERDALE FL 33332-1816**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0050154</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BENTLEY, HARRISON</b> <b>3160 INVERNESS</b> <b>FT LAUDERDALE FL 33332</b>				Name <b>Harrison Bentley</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>3160 Inverness</b>			
				City <b>Weston</b>		FL	

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 **2-25-00**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTLEY, LAURA</b>	NAME	
STREET ADDRESS	<b>3343WCOMMERCIAL BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FTLAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTLEY, HARRISON</b>	NAME	
STREET ADDRESS	<b>3343 W. COMMERCIAL BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	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	
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: VP **HARRISON BENTLEY** 2/25/00 3057160222

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

CR2E034 (9/99)