

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90069 021 ***150.00

DOCUMENT # P02000057935

1. Entity Name
BECAUSE YOU'RE SPECIAL, INC.



Principal Place of Business
5901 NE 14 AVE
FT LAUDERDALE, FL 33334

Mailing Address
5901 NE 14 AVE
FT LAUDERDALE, FL 33334

10030880



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
41-2045766

Applied For
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOCIK, GEN F
6901 NE 14 AVE
FT LAUDERDALE, FL 33334

Name - **ROBANNA NOCIK**

Street Address (P.O. Box Number is Not Acceptable)

5901 NE 14TH AVE

CITY **FORT LAUDERDALE** FL Zip Code **33334**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning.)

4/25/03
DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PRESIDENT**
STREET ADDRESS **ROBANNA NOCIK**
CITY-ST-ZIP **5901 NE 14TH AVENUE**
FORT LAUDERDALE, FL 33334

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

954-722-7727

Daytime Phone #

CFR034 (10/02)