2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056298

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90047 034 ***158.75

DO NOT WRITE IN THIS SPACE

1. Entity Name
BEAUTY ELEMENTS, CORP

Principal Place of Business	Mailing Address
BEAUTY ELEMENTS CO ~~7323 NW 56TH ST~~ 5517 NW 163 St MIAMI, FL 33014 MIAMI FL 33166 US	BEAUTY ELEMENTS CO ~~7323 NW 56TH ST~~ ~~MIAMI FL 33014-6131~~ US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 5517 NW 163 St	Suite, Apt. #, etc. 5517 NW 163 St
City & State Miami, Florida	City & State Miami FL
Zip 33014 Country	Zip 33014 Country

4. FEI Number 65-0766276 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HYUNG, LEE KI
~~7323 NW 56TH ST~~
~~MIAMI FL 33166~~

7. Name and Address of New Registered Agent

Name Ki Hyung, Lee
Street Address (P.O. Box Number is Not Acceptable) 5517 NW 163 St
City Miami FL Zip Code 33014

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 [signature] Jan/20/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, KI HYUNG 17220 NW 64TH AVE #304 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARK, YOUNG MIN 17220 NW 64TH AVE #304 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Jan/20/2000 305/621-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)