

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002415

Entity Name: PRO'S CHOICE BEAUTY CARE, INC.

FILED
Mar 31, 2017
Secretary of State
CC9324319586

Current Principal Place of Business:

35 SAWGRASS DRIVE
SUITE 3
BELLPORT, NY 11713

Current Mailing Address:

35 SAWGRASS DRIVE
SUITE 3
BELLPORT, NY 11713 US

FEI Number: 22-3696650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Date

Officer/Director Detail :

Title CEO, CHARIMAN
Name NUSSDORF, RUTH
Address 35 SAWGRASS DRIVE
City-State-Zip: BELLPORT NY 11713

Title PRESIDENT
Name ROSS, MICHAEL
Address 35 SAWGRASS DRIVE
City-State-Zip: BELLPORT NY 11713

Title SECRETARY, TREASURER, VICE PRESIDENT
Name CHROMEY, MAY
Address 35 SAWGRASS DRIVE SUITE 3
City-State-Zip: BELLPORT NY 11713

Title CFO
Name GEWOLB, JOSEPH
Address 35 SAWGRASS DRIVE
City-State-Zip: BELLPORT NY 11713

Title DIRECTOR
Name NUSSDORF, STEPHEN
Address 35 SAWGRASS DRIVE SUITE 3
City-State-Zip: BELLPORT NY 11713

Title DIRECTOR
Name NUSSDORF, ARLENE
Address 35 SAWGRASS DRIVE SUITE 3
City-State-Zip: BELLPORT NY 11713

Title DIRECTOR
Name NUSSDORF, GLENN
Address 35 SAWGRASS DRIVE SUITE 3
City-State-Zip: BELLPORT NY 11713

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.

SIGNATURE: MAY CHROMEY

SECRETARY

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date