## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002415

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

**Current Principal Place of Business:** 

35 SAWGRASS DRIVE BELLPORT, NY 11713

**Current Mailing Address:** 

35 SAWGRASS DRIVE 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

FILED Apr 02, 2024

**Secretary of State** 

6197535916CC

Officer/Director Detail:

 Title
 CEO, CHAIRMAN
 Title
 PRESIDENT

 Name
 NUSSDORF, RUTH
 Name
 ROSS, MICHAEL

Address 35 SAWGRASS DRIVE Address 35 SAWGRASS DRIVE

City-State-Zip: BELLPORT NY 11713 City-State-Zip: BELLPORT NY 11713

Title SECRETARY, TREASURER, CFO Title DIRECTOR

NameGEWOLB, JOSEPHNameNUSSDORF, STEPHENAddress35 SAWGRASS DRIVEAddress35 SAWGRASS DRIVECity-State-Zip:BELLPORT NY 11713City-State-Zip:BELLPORT NY 11713

Title DIRECTOR Title DIRECTOR

NameNUSSDORF, ARLENENameNUSSDORF, GLENNAddress35 SAWGRASS DRIVEAddress35 SAWGRASS DRIVE

City-State-Zip: BELLPORT NY 11713 City-State-Zip: BELLPORT NY 11713

Title ASST. SECRETARY
Name PALIANI, ALFRED R
Address 35 SAWGRASS DRIVE
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: JOSEPH GEWOLB

SECRETARY, TREASURER, CFO 04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date