

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002415

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

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**6560536926CC**

**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, CHAIRMAN  
Name NUSSDORF, RUTH  
Address 35 SAWGRASS DRIVE  
SUITE 3  
City-State-Zip: BELLPORT NY 11713

Title PRESIDENT  
Name ROSS, MICHAEL  
Address 35 SAWGRASS DRIVE  
SUITE 3  
City-State-Zip: BELLPORT NY 11713

Title SECRETARY, TREASURER  
Name GEWOLB, JOSEPH  
Address 35 SAWGRASS DRIVE  
SUITE 3  
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:** JOSEPH GEWOLB

**SECRETARY**

**01/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date