

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90429 040 ***150.00

00057880

DO NOT WRITE IN THIS SPACE

DOCUMENT # 520660 1. Entity Name <i>Beauty Boutique Inc.</i>																																																																																															
Principal Place of Business 1373 KASS CIRCLE SPRING HILL, FL 34606 <i>US</i>		Mailing Address 1373 KASS CIRCLE SPRING HILL, FL 34606 <i>US</i>																																																																																													
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																													
4. FEI Number 59-1754691		Applied For <input type="checkbox"/> Not Applicable																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																															
6. Name and Address of Current Registered Agent <i>Adjan, Louis</i> 1373 KASS CIRCLE SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>Adjan, Irene E.</i></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>10052 Twelve Oaks Ct.</i></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td><i>Brooksville, FL 34613</i></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>Adjan, Louis</i></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>10052 Twelve Oaks Ct.</i></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td><i>Brooksville, FL 34613</i></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<i>Adjan, Irene E.</i>	STREET ADDRESS		CITY-ST-ZIP	<i>10052 Twelve Oaks Ct.</i>	CITY-ST-ZIP			<i>Brooksville, FL 34613</i>			TITLE	NAME	TITLE	NAME		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<i>Adjan, Louis</i>	STREET ADDRESS		CITY-ST-ZIP	<i>10052 Twelve Oaks Ct.</i>	CITY-ST-ZIP			<i>Brooksville, FL 34613</i>			TITLE	NAME	TITLE	NAME		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	NAME	TITLE	NAME		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	NAME	TITLE	NAME		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 other like empowered.																																																																																															
SIGNATURE: <i>Louis Adjan</i> 2-23-00 352-683-0370 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																															

CR2E034 (9/99)