

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520660

1. Entity Name  
BEAUTY BOUTIQUE INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90150 001 \*\*\*150.00

Principal Place of Business

~~1373 KASS CIR~~  
SPRING HILL FL 34606-4351  
US

Mailing Address

~~1373 KASS CIR~~  
SPRING HILL FL 34606-4351  
US

2. Principal Place of Business

1425 KASS CIR  
Suite, Apt. #, etc.

3. Mailing Address

1425 KASS CIR  
Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEI Number 59-1754691

Applied For

Not Applicable

Zip

34606

Country

US

Zip

34606

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADJAN, LOUIS  
1397 KASS CIRCLE 10052 TWELVE OAKS CT  
SUITE 107  
SPRING HILL FL 34606 BROOKSVILLE FL 34613

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

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, 2001 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

TITLE S  
NAME ADJAN, IRENE E  
STREET ADDRESS 10052 TWELVE OAKS COURT  
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE PD  
NAME ADJAN, LOUIS  
STREET ADDRESS 10052 TWELVE OAKS COURT  
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Louis Adjani* LOUIS ADJAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

Date

352 683 0320

Daytime Phone #

CR2E034 (10/00)