LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000002220

BEAUTY SECRETS, L.L.C.

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90124 024 ****50.00

DO NOT WRITE IN THIS SPACE 954026 2. Principal Place of Business 3. Mailing Address 11008 4m STREET N 11008 4th STREET N Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State ST PETSRS BURG FC Zig 3716 Country USA City & State PETERSBURG, FL Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of Current Registered Agent DO NOT WRITE CULLEM, & SQUIRE O. Box Number is Not Acceptable) IN THIS SPACE PETERSBURG 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, typed or printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9... MANAGING MEMBERS / MANAGERS MGRM TITLE TITLE NAME AYMAN QAWASMEH NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CR2E083B CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE NAME NĂME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

RE:

A YMAN GAWAS MEH

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02

727-577-2000

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