## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

## FILED Mar 18, 2003 8:00 am Secretary of State

DOC!	MENT " AL O La	LOS NEPON	/-	– Secretar	y of State
,	JMENT # M O / C	0000059	12	03-18-2003 90	147 050 ****50.00
BAI	Stores, L.L.C.				
	on the second				
	DO NOT WRITE	IN THIS S	PACE		
	Place of Business	3. Mailing Address	的。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Suite, Ap	N. Meramec, Ste. 400	168 N. Meramec, Ste. 400 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	ate	City & State		A SELVI	
St. Louis, MO 63105		St. Louis, MO 63105		4. FEI Number 91 – 2062018	Applied For Not Applicable
<u>6310</u>	Country 5 USA	Zip 63105	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Name	7. Name and Address of Current Regist	ered Agent
DO NOT WRITE			CT-Corporation System		
IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
		AUE			
ale element			City		L Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its	Planta	ed agent, or both, in the State of Florida. I a	L 25324
the obligat	tions of registered agent.		g a. rogistal.	od agent, or both, in the state of monda, i a	im ramiliar with, and accept
SIGNATURE	Since Fire head				
	Signature, typed or printed name of registered agent ar	A SALLEY CONTRACTOR OF COMMENT		DAT	E
		Make Check Payabl	EE IS \$50.00 e to Florida Departmen	of States	
		4. D	UE BY MAY 1 3 %		
9.	MANAGING MEMBER	S/MANAGERS	98-27(8) - (1-2) - (1-2)	BACKER TEPHENCHAMAN	Water to an implication of
TITLE NAME	Manager	_	TITLE		(S)
STREET ADDRESS	Beauty Alliance, In 1901 Ulmerton Road,	C. Suito 225	NAME STREET ADDRESS		(12/02
CITY-ST-ZIP	Clearwater, Florida	301te 225 -33762	CITY-ST-ZIP23-		E083B
TITLE NAME	The state of the s	33702	mne o de la		SE SE
STREET ADDRESS			NAME STREET ADDRESS		SR -
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME STREET ADDRESS			NAME		
CITY-ST-ZIP		·	STREET ADDRESS	DO NOT WR	ITE ***
TITLE			TITLE	TANK PRISONER PRINTED BY A STATE OF THE PRINTED BY	Strate of the same
TREET ADDRESS			NAME 5	. IN THIS SPA	CE
CITY-ST-ZIP			STREET ADDRESS		
ITLE	<u> </u>		CITY-ST-ZIP		
AME			NAME 2.		
TREET ADDRESS			STREET ADDRESS		
TLE			CITY-ST-ZIP		
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TREET ADDRESS	· .	· ·	NAME STREET ADDRESS		
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indicated o	may that the information supplied with this in this report is true and accurate and tha	s filing does not qualify for th I my signature shall have the	e exemption stated in Sections	on 19.07(3)(i), Florida Statutes, I further ce the under oath; that I am a managing member 608. Florida Statutes	ertify that the information
пписа нарі	ility company or the receiver or trustee en	npowered to execute this rep	ort as required by Chapter	608, Florida Statutes.	per or manager of the

By: Philip G. Kaplan Asst. Sec'y 2/13/2003

Daytime Phone #