

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

03-18-2003 90147 050 ****50.00

DOCUMENT # **MO1000000542**

1. Entity Name

BAI Stores, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

168 N. Meramec, Ste. 400

3. Mailing Address

168 N. Meramec, Ste. 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Louis, MO 63105

City & State

St. Louis, MO 63105

Zip

63105

Country

USA

Zip

63105

Country

USA

4. FEI Number

91-2062018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT-Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Beauty Alliance, Inc. 1901 Ulmerton Road, Suite 225 Clearwater, Florida 33762
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IN THIS SPACE**

11. 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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

Beauty Alliance, Inc.

SIGNATURE: *Philip G. Kaplan*

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

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

Date

Daytime Phone #

CR2E083B (12/02)