

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90677 046 ***150.00

CR2E034 (9/01)

DOCUMENT # P00000037282

1. Entity Name

LIL'S BEAUTY CENTER, INC.

Principal Place of Business

**18090 COLLINS AVENUE
 MIAMI BEACH FL 33160**

Mailing Address

**18090 COLLINS AVENUE
 MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1000180**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, ALIZA
 18090 COLLINS AVENUE
 MIAMI BEACH FL 33160**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **COHEN, ALIZA**
 STREET ADDRESS **18090 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

TITLE ☐ Delete
 NAME
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

436504

#P 00000037282

LESLIE E. DOLIN PA, CPA

Phone 954-965-4666
Fax 954-965-4665

5285 SW 38 AVE.
FT. LAUDERDALE, FL 33312

May 17, 2002

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Lili's Beauty Center

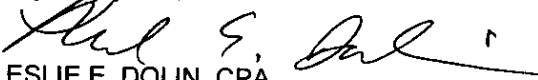
Dear Sir or Madam:

Please find enclosed the 2002 Annual Report for the above corporation along with a check for \$150 payable to you for the annual filing fee.

On behalf of the above corporation I hereby request that you waive the \$400 late filing penalty required for reports filed after May 1, 2002. I was recently hired as the accountant for this corporation and only just in the past couple of weeks was able to get the papers and forms that the old accountant had in his possession. The old accountant was very uncooperative in the transition. This annual report form was one of those papers. Had we had the report form prior to May 1, 2002 it would have been filed timely. Further, the business is in a dire financial situation and the burden of this penalty would be a great hardship.

I thank you very much for your kindness and consideration in this matter.

Very truly yours,


LESLIE E. DOLIN, CPA