

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90176 016 ***150.00

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AV

DOCUMENT # P00000037282

1. Entity Name

LILI'S BEAUTY CENTER, INC.



Principal Place of Business
**18090 COLLINS AVENUE
MIAMI BEACH FL 33160**

Mailing Address
**18090 COLLINS AVENUE
MIAMI BEACH FL 33160**



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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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 #

CR2E034 (4/03)

Attachment#

80143302

PO0000037282

LESLIE E. DOLIN PA, CPA

5285 SW 38 AVE.
FT. LAUDERDALE, FL 33312

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

August 27, 2003

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Lili's Beauty Center Inc.

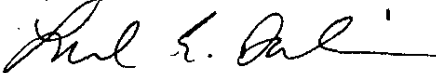
Dear Sir or Madam:

Please find enclosed the 2003 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, 2003. The corporation did not receive the original mailing of this form, and the owner has been out of the country the past several months. Please note that the corporation is experiencing great financial difficulties and that any penalties imposed would cause undue hardship at this time.

Mrs. Cohen and myself appreciate your kindness and consideration in this matter.

Very truly yours,



LESLIE E. DOLIN, CPA