

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

FILED

02 JUN 12 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000047854**

1. Entity Name

ANGEL BEAUTY Supply, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

828 W. PEMBROKE RD

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

USA

Zip

Country

4. FEI Number

05-1028209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TOUFIK BELOUALTI

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

11350 NW 37 PLACE

City

SUNRISE

State

FL

Zip Code

33323

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: **Behar**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-6-02 TOUFIK BELOUALTI

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is: \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
TOUFIK BELOUALTI
11350 NW 37 PLACE
SUNRISE, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**000005892260--0
-06/20/02--01065--014
****150.00 ****150.00**

**DO NOT WRITE
IN THIS SPACE**

TITLE
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CITY - ST - ZIP

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TITLE
NAME
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CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Behar TOUFIK BELOUALTI** **6-6-02 (954) 4101032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #