# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2003 8:00 am**
**Secretary of State**
04-25-2003 90250 019 ***150.00

DOCUMENT # P00000052697

1. Entity Name

Lady Beauty Rep, Inc.

**DO NOT WRITE IN THIS SPACE**

11017482

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 13701 Carlton Drive | 13701 Carlton Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Davie, Florida | City & State: Davie, Florida |
| Zip: 33330 Country: USA | Zip: 33330 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1014835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Ranae Breslow

Street Address (P.O. Box Number is Not Acceptable): 13701 Carlton Drive

City: Davie **FL** Zip Code: 33330

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: Ranae Breslow — Ranae Breslow, President — April 22, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | | | |
|---|---|---|---|
| TITLE P<br>NAME Ranae Breslow<br>STREET ADDRESS 13701 Carlton Drive<br>CITY-ST-ZIP Davie FL 33330 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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CR2E034B (12/02)

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

**SIGNATURE:** Ranae Breslow — Ranae Breslow, President — April 22, 2003 — 954-625-6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #