## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am DOCUMENT # P0000059099 **Secretary of State** SOPHIA BEAUTY SUPPLY CO., INC. 02-28-2001 90007 043 \*\*\*150.00 Principal Place of Business Mailing Address 1715 E HINSON AVE 1715 E HINSON AVE HAINES CITY FL 33844 HAINES CITY FL 33844 2. Principal Place of Business 3. Mailing Address 1715 E. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AL-ZAHARNAH, GAMAL Y Street Address (P.O. Box Number is Not Acceptable) 1715 E HINSON AVE HAINES CITY FL 33844 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing -\$5.00 May:Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition ☐ Change NAME AL-ZAHARNAH, GAMAL Y NAME STREET ADDRESS STREET ADDRESS 1715 E HINSON AVE CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7IP

Mustchavna Al-Zahavnah Gamal, 4SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/018634218736 Date Dayum Phone #