

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062604

1. Entity Name

KIKI'S BEAUTY SUPPLY INC.

Principal Place of Business

943 SW 71 AVENUE
NORTH LAUDERDALE FL 33068

Mailing Address

943 SW 71 AVENUE
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OLARINDE, ALIRATU
7434 SW 14 COURT
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD
NAME OLARINDE, ALIRATU
STREET ADDRESS 7434 SW 14 COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE VD
NAME OLARINDE, TOIB
STREET ADDRESS 7434 SW 14 COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE STD
NAME OLARINDE, HARIM
STREET ADDRESS 7434 SW 14 COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD
NAME ALIRAT OLARINDE
STREET ADDRESS 7434 SW-14 CT NO. LAUDERDALE
CITY-ST-ZIP FL 33068 ☐ Change ☒ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90132 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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