2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Jul 02, 2002 8:00 am **Secretary of State** P00000062604 DOCUMENT # 05-28-2002 91719 014 ***150.00 KIKI'S BEAUTY SUPPLY INC. Mailing Address Principal Place of Business 37523 943 SW 71 AVENUE 943 SW 71 AVENUE NORTH LAUDEREDALE FL 33068 NORTH LAUDEREDALE FL 33068 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1021256 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Hamp and Address of Current Registered Agent OLARINDE, ALIRATU Street Address (P.O. Box Number is Not Acceptable) 7434 SW 14 COURT NORTH LAUDEREDALE FL 33068 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 žŽ. 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 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete PRESIDENT TITLE NAME OLARINDE, ALIRATU NAME STREET ADDRESS 7434 SW 14 COURT STREET ADDRESS NORTH LAUDEREDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Change ☐ Addition TITL F TITLE NAME OLARINDE, TOIB NAME STREET ADDRESS STREET ADDRESS 7434 SW 14 COURT CITY-ST-ZIP NORTH LAUDEREDALE FL 33068 CITY-ST-ZIP TITLE ☐ Delete -TITLE OLARINE, AISAT NAMÉ NAME STREET ADDRESS 7434 SW 14 COURT STREET ADDRESS CITY-ST-ZIP NORTH LAUDEREDALE FL 33068 CITY-ST-ZIP VP SHUKURAT OLARINO CE Change TITLE ☐ Delete TITLE OLARINAE NAME NAME STREET ADDRESS STREET ADDRESS 33068 143 L 1741). CITY-ST-7IP CITY-ST-ZIP VPBAIKISU ARIORI Deteta TITLE BAIKI64 ARIORI TITLE 7434 S.W. 1445 NAME NAME STREET ADDRESS STREET ADDRESS FL 38068 NLAU J CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 impowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ss, with all other like empowered. I hereby certify that the information supplied w indicated on this report or supplemental report

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