

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075305	
1. Entity Name ONE STOP BEAUTY SUPPLY INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1140 NW 54th STREET Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33158	Country USA	Zip	Country

40079320

DO NOT WRITE IN THIS SPACE

4. FEI Number 651030672		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST SULIMAN, RAJAI Y 1140 NW 54th. ST MIAMI FL. 33158
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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:

[Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 5/24/06 **Daytime Phone #** (305) 5896647