

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000002-49**

1. Entity Name

WORLD BEAUTY SUPPLY & CLOTHING & MORE ETC.

FILED

02 NOV 25 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1970/1972 / 1974 / 1976

20030 N.E. 21ST AVE

LAKEWORTH FL 33161

N.M.I. B FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box numbers Not Acceptable)

LUB R. SMITH

20030 N.E. 21ST AVE

City

N.M.I.D

FL

Zip Code

33179

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 fee if applicable

(NOTE: Registered Agent signature required when terminating)

Date

11/20/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Delete

PO HAMED ALA
1970/1972 / 1974 / 1976
LAKEWORTH FL 33161

NAME ☐ Delete

NAME
STREET ADDRESS
CITY ST ZIP

NAME ☐ Delete

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STREET ADDRESS
CITY ST ZIP

12.

NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY ST ZIP

NAME ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY ST ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a duly qualified member 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 the list of directors, officers, or on an affidavit with an address, with all other like empowered.

SIGNATURE

Signature typed or printed name of signing officer or director

Date

11/20/02

21/11/27

11/20/02

To: Division of Corporations

Subject: World Beauty Supply & Clothing More Inc.
Annual Report 2002

As per various conversations with your department, enclosed please find my annual report of 2002. This will reinstate my corporation. You already took the \$150.00 check (check enclosed). We never received the original reports.

Sincerely yours,


Ala Hamed
President

11/20/02