

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000004090**

1. Entity Name

**BEAUTY ON THE BEACH, INC.**



Principal Place of Business

3356 NE 33RD ST  
FORT LAUDERDALE FL 33306

Mailing Address

3356 NE 33RD ST  
FORT LAUDERDALE FL 33306

2. Principal Place of Business

**same**

3. Mailing Address

**1736 SW 4 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3**

City & State

City & State

**FORT LAUDERDALE**

Zip

Zip

**FL**

Country

**33312**

4. FEI Number

**65-1110128**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TARNOVE, BILLIE  
507 SE 11TH COURT  
FORT LAUDERDALE FL 33318**

Name

**GIOVANNI V. FERRAINO**

Street Address (P.O. Box Number is Not Acceptable)

**1736 SW 4 STREET**

City

**FORT LAUDERDALE**

FL

Zip Code  
**33312**

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

*Giovanni Ferraino*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-10-03*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**FERRAINO, GIOVANNI  
1736 SW 4TH ST.  
FT. LAUDERDALE FL 33312**

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

**PRESIDENT**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**VICE PRESIDENT  
JOHN R. PITTMAN  
1736 SW 4 STREET  
FORT LAUDERDALE FL 33312**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**Change  Addition**

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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

*Giovanni Ferraino*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-10-03 954-566-7546*

Date

Daytime Phone #

CR2E034 (10/02)

0320233  
AV