

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90144 044 ***150.00

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.

City & State

City & State
FORT LAUDERDALE

4. FEI Number 65-1110128

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33312

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

TARNOVE, BILLIE
507 SE 11TH COURT
FORT LAUDERDALE FL 33316

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)

DATE
4-10-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME FERRAINO, GIOVANNI
STREET ADDRESS 1736 SW 4TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME JOHN R. PITTMAN
STREET ADDRESS 1736 SW 4 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

Giovanni Ferraino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-10-03 DAYTIME PHONE # 954-566-7546

DATE DAYTIME PHONE #

CR2E034 (10/02)