FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90739 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005997

1. Entity Name
NEW BEAUTY AMERICA INC.

90122994

Principal Place of Business	Mailing Address
404 NE 125TH STREET MIAMI, FL 33126	404 NE 125TH STREET MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
16446 NE 6th Ave	16446 NE 6th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip 33162 Country U.S.A	Zip 33162 Country U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1068589 — 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
MUKHTAR, AHMAD 404 NE 125TH STREET MIAMI, FL 33126	Name: Street Address (P.O. Box Number is Not Acceptable): 16446 NE 6th Ave. City: Miami FL Zip Code 33162

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: M Ahmad — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/03

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUKHTAR, AHMAD	NAME	
STREET ADDRESS	404 NE 125TH STREET	STREET ADDRESS	16446 NE 6th Ave.
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	MIAMI, FL. 33162
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAZZAQ, ABDUL	NAME	
STREET ADDRESS	404 NE 125TH STREET	STREET ADDRESS	16446 NE 6th Ave.
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	Miami, FL. 33162
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAJEED, ABDUL	NAME	
STREET ADDRESS	404 NE 125TH STREET	STREET ADDRESS	16446 NE 6th Ave.
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	Miami, FL. 33162
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: M. Ahmad — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/30/03 — Daytime Phone # (786) 306-1552