FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000 42300

1. Entity Name BEAUTY & BALANCE INC.

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2. Principal Place of Business	3. Mailing Address
830 N W 13th AVENUE	7330 STIRLING rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 103
City & State DANIA, FL	City & State FORT-LAUDERDALE, FL
Zip 33004 Country USA	Zip 33024 Country USA

4. FEI Number 65-109-839-0 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name SANDRA CLINE

Street Address (P.O. Box Number is Not Acceptable) 7330 STIRLING rd AP 103

City Fort LAUDERDALE FL Zip Code 33024

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.

SIGNATURE S. Cline 5-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	OFFICER / DIRECTOR
NAME	ROSIE HENTSCHEL
STREET ADDRESS	830 NW 13th AVENUE
CITY-ST-ZIP	DANIA, FL 33004
TITLE	PAULINA TOROS - OFICER
NAME	
STREET ADDRESS	2016 NW 89th AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	SECRETARY
NAME	SANDRA CLINE
STREET ADDRESS	7330 STIRLING rd AP 103
CITY-ST-ZIP	FORT-LAUDERDALE, FL 33024
TITLE	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Cline 5-1-02 954-554-6463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #