

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-12-2002 90667 021 ***150.00

DOCUMENT # P01000049640

1. Entity Name

BEAUTY LINE, INC.

Principal Place of Business

414 SW 120 AVENUE
PEMBROKE PINES FL 33025

Mailing Address

414 SW 120 AVENUE
PEMBROKE PINES FL 33025

2. Principal Place of Business

126 E. Riverbend DR

Suite, Apt. #, etc.

3. Mailing Address

126 E. Riverbend DR

Suite, Apt. #, etc.

City & State

Weston

Zip

33326

Country

USA

City & State

Weston

Zip

33326

Country

USA

4. FEI Number

65-1109670

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

YU, YON S**414 SW 120 AVENUE****PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name

Yu, Yon S

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

126 E. Riverbend DR.

City

Weston

FL

Zip Code

33326

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PST** ☐ Delete
 NAME **YU, YON S**
 STREET ADDRESS **414 SW 120 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VPD** ☐ Delete
 NAME **YU, YON S**
 STREET ADDRESS **414 SW 120 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ 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)(1), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)