

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90222 042 ***150.00

DOCUMENT # P01000072553

1. Entity Name
LA PRINCESSE BEAUTY SUPPLY, INC.



Principal Place of Business
3401 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33319

Mailing Address
3401 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1148873**

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMAD, IYAD
1040 SW 10TH AVE., BAY 4
POMPANO BCH FL 33069

Name

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

5201 N.W. 108th Ave.

City

Sunrise

FL

Zip Code

33351

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HAMMAD, IYAD**
STREET ADDRESS **1040 SW 10TH AVE., BAY 4**
CITY-ST-ZIP **POMPANO BCH FL 33069**

☒ Change ☐ Addition
NAME **5201 N.W. 108th Ave**
STREET ADDRESS **Sunrise, FL 33351**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AWADALLAH, MAZEN E**
STREET ADDRESS **1040 SW 10TH AVE., BAY 4**
CITY-ST-ZIP **POMPANO BCH FL 33069**

☒ Change ☐ Addition
NAME **5201 N.W. 108th Ave.**
STREET ADDRESS **Sunrise, FL 33351**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03

Date

954-578-7017

Daytime Phone #

CP2E034 (10/02)