

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90110 024 \*\*\*150.00

**DOCUMENT # P01000094797**

1. Entity Name  
**ROYAL BEAUTY, INC.**

Principal Place of Business  
**266 WILSHIRE BOULEVARD**  
**SUITE 127**  
**CASSELBERRY FL 32707**

Mailing Address  
**266 WILSHIRE BOULEVARD**  
**SUITE 127**  
**CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**JASHNANI, ISHWAY**  
**266 WILSHIRE BOULEVARD**  
**SUITE 127**  
**CASSELBERRY FL 32707**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	JASHNANI, ISHWAR	266 WILSHIRE BOULEVARD, SUITE 127 CASSELBERRY FL 32707				
	STD	JASHNANI, PRIYA	266 WILSHIRE BOULEVARD, SUITE 127 CASSELBERRY FL 32707				

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 05/02/2002  
 DAYTIME PHONE #: 407-263-3000

CR2E034 (9/01)

1645528

April 23, 2002.

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX: 1500  
TALLAHASSEE, FL 32302-1500

Dear Sir,

Enclosed herewith SS4 Form for FEI Number for your reference.

Thanking you,

Yours faithfully,

1645528

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

EIN \_\_\_\_\_

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>ISHWAR KHANKHANI JASHNANI</b>	
	2 Trade name of business (if different from name on line 1) <b>ROYAL BEAUTY INC.</b>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>% SAIF ENTER PRIZES - 266 WILSHIRE</b>	
	4b City, state, and ZIP code <b>BOULEVARD SUITE CASSELBERRY FL 32707</b>	
	5a Business address (if different from address on lines 4a and 4b)	
	5b City, state, and ZIP code <b>FLORIDA 32707</b>	
	6 County and state where principal business is located <b>DUBAI - UAE</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶ **CORPORATION**
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Other corporation (specify) ▶
- Trust
- Federal government/military
- Personal service corp.
- National Guard
- Farmers' cooperative
- Other (specify) ▶ (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>Florida</b>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ **MARKETING TRAINING**
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Other (specify) ▶
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) **03-01-2002**

11 Closing month of accounting year (see instructions) **03-31-2003**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **04-30-2002**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) **ONE**

Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ▶ **MARKETING TRAINING**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶  Yes  No

16 To whom are most of the products or services sold? Please check one box.

- Public (retail)
- Other (specify) ▶
- Business (wholesale)
- N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.  Yes  No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

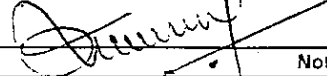
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ **ISHWAR K. JASHNANI - PRESIDENT**

Business telephone number (include area code) <b>(407) 263 3000</b>
Fax telephone number (include area code) <b>(407) 263 3003</b>

Signature ▶  Date ▶ \_\_\_\_\_

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	ind.	Class	Size	Reason for applying
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