

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 041 ***150.00

DOCUMENT # **PO1 0000 94 983**

1. Entity Name

SEA OF BEAUTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

251-174th STREET

3. Mailing Address

251-174th STREET

Suite, Apt. #, etc.

709

Suite, Apt. #, etc.

709

City & State

Sunny Isles Beach

City & State

Sunny Isles Beach FL

Zip

33160

Country

USA

Zip

33160

Country

4. FEI Number

65-1143424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ASAF SHAMI

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

251-174 STREET # 709

City

Sunny Isles Beach

FL

Zip Code

33160

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ASAF SHAMI
251-174 STREET #709
Sunny Isles Beach FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**W
E DAN SHORRILL
4543 MEADOW RIDGE DR.
DALLAS, TX 75093**

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)