

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90093 035 \*\*\*150.00

**DOCUMENT # P01000100561**

1. Entity Name  
**GLORY BEAUTY SUPPLIES, INC.**

Principal Place of Business

**6037 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

Mailing Address

**6037 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

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

**65-1148171**

Applied For

Not Applicable

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

**CHEESE, ADEYINKA S  
6037 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

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. 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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **CHEESE, ADEYINKA**  
CITY-ST-ZIP **6037 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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)(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: *x ADEYINKA S CHEESE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 08/28/02*

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

978145

# PD1000100561

**GLORY BEAUTY SUPPLIES, INC.**

6037 Miramar Parkway

Miramar FL 33023

August 28, 2002

Divison of Corporations  
Uniform Business Report Fillings  
PO Box 1500  
Tallahassee FL 32302-1500

To Whom It May Concern:

In reference to our conversation 08.21.02 , please be advise that we did not receive the original Uniform Business Report. We are enclosing a check for \$150.00 and hope that no penalties or late fee to be charged against the corporation. Thank you.

Yours truly,

*Adeyinka O.S. Cheese*

Adeyinka Cheese