## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P01000109383  1. Entity Name  KINGS AND QUEENS BEAUTY SUPPLIES, INC						05-13-2002 90148 018 ***150.00		
KINGS	WND OOFFNS BEYOU	Y SUPPLIES,	INC	2				
D	O NOT WRITE	IN THIS SP	ACI	isan	iie√	en est		
2. Principal Place of Business 10984 PEMBROKE ROAD 3. Mailing Address							·	
Suite, Apr	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State PEMBROKE PINES FL						FEI Number 5-1153300	Applied For Not Applicable	
Zip Country Zip USA			Country			Certificate of Status Desired \$8	.75 Additional	
		المارية المحادث		Nama	7. Na	ime and Address of Current Registered A		
	DITE		EDWAI	RDS,	DS, DONOVAN			
DO NOT WRITE				Street Addres		s (P.O. Box Number is Not Acceptable) PEMBROKE ROAD		
	IN THIS SPA	ACE						
	•			City		PINES FL Z	ip Code 33025	
PEMBROKE PINES FL 33025  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 registe					gnature required when reinstating)	DATE	
Tax filing requirement and elects to do so.  After May Amended				lay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 Ie to Department of St		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND DI	RECTORS	<u> </u>					
TITLE NAME	DPST   EDWARDS, DONOVAN						CR2E034B (12/01)	
STREET ADDRESS	1			NAME STREET ADDRESS		19 (.		
CITY - ST - ZIP	PEMBROKE PINES FL 33025			CITY - ST - ZIP			E03	
TITLE NAME I				TITLE		SR .		
STREET ADDRESS	ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY -	CITY - ST - ZIP				
TITLE NAME	TITLE NAME							
STREET ADDRESS			NAME STREE	STREET ADDRESS		_		
CITY - ST - ZIP			CITY	CATY-ST-ZIP		DO_NOT_WRITE		
TITLE NAME				TITLE NAME		IN THIS SPACE		
STREET ADORESS				T ADDRESS				
CITY - ST - ZIP				ST - ZIP				
TITLE NAME			TITLE					
TREET ADDRESS			NAME	TADORESS				
CITY - ST - ZIP				ST - ZIP		•		
TITLE			TITLE					
NAME STREET ADDRESS			NAME	T ADDG=0-				
CITY - ST - ZIP				TADDRESS ST - ZIP	55			
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 configration 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: 4/02 (954)258 4103 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								