

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90139 033 ***150.00

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DOCUMENT #	P02000048455
1. Entity Name	
PERRINE BEAUTY SUPPLY, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10200 SW 183rd Street Suite, Apt. #, etc.	3. Mailing Address 10200 SW 183RD STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami-FL	City & State MIAMI-FL	4. FEI Number 01-0688214	Applied For Not Applicable
Zip 33157	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MOHAMMAD SHALAN	
Street Address (P.O. Box Number is Not Acceptable) 6420 NW 114TH AVENUE	
APT. # 1338	
City MIAMI	Zip Code 33178

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 <i>Mohammad Shalan</i> MOHAMMAD SHALAN	4/30/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHALAN, MOHAMMAD 6420 NW 114TH AVENUE, #1338 MIAMI-FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.	
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SIGNATURE: <i>Mohammad Shalan</i> MOHAMMAD SHALAN, PRESIDENT	4/30/2003	305-253-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #