


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91415 048 ***150.00

DOCUMENT # P02000049688	
1. Entity Name BEAUTY QUEEN INSTITUTE, INC.	

Principal Place of Business 1180 POWERLINE ROAD SUITE 201 POMPAÑO BEACH, FL 33069	Mailing Address 1180 POWERLINE ROAD SUITE 201 POMPAÑO BEACH, FL 33069
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11040252

2. Principal Place of Business	3. Mailing Address 10138 SW 125 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1. INFORMATION ON FORMS WITH CHECKS MUST BE PRINTED OR TYPED. ALL INFORMATION MUST BE PRINTED OR TYPED.

☐ CHECK HERE IF MAKING CHANGES

City & State MIAMI FLORIDA	4. FEI Number 04-3663312
Zip 33176	Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORTA, LUIS
1180 POWERLINE ROAD
SUITE 201
POMPAÑO BEACH, FL 33069

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW WITH FEES \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ORTA, LUIS
STREET ADDRESS	1180 POWERLINE ROAD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	BONAIUTTO, ETHEL
STREET ADDRESS	1180 POWERLINE ROAD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE L. Orta **Lucs Orta** **05/01/2003** **3052536460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)