

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90199 038 \*\*\*150.00

DOCUMENT # P02000086745

Entity Name  
TOTAL BEAUTY EXPERIENCE, INC.



Principal Place of Business  
5810 BUNCHE PARK SCHOOL DR  
MIAMI FL 33054

Mailing Address  
15810 BUNCHE PARK SCHOOL DR  
MIAMI FL 33054

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0571487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAREY, NICOLE  
15810 BUNCHE PARK SCHOOL DR  
MIAMI FL 33054

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAREY, NICOLE	
STREET ADDRESS	15810 BUNCHE PARK SCHOOL DR	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUTLER, GLORIA	
STREET ADDRESS	15810 BUNCHE PARK SCHOOL DR	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTLER, LEQUAN	
STREET ADDRESS	15810 BUNCHE PARK SCHOOL DR	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nicole P. Carey* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03 786-320-9666  
Date Daytime Phone #

CR2E034 (10/02)