

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90268 031 ***150.00

DOCUMENT # P02000097047

1. Entity Name
BIANA'S BEAUTY SUPPLY & ITEMS, INC.



Principal Place of Business
10801 NE 13TH AVE., UNIT 2
MIAMI FL 33168

Mailing Address
10801 NE 13TH AVE., UNIT 2
MIAMI FL 33168

10022270



2. Principal Place of Business
10821 NE 13th Ave.
Suite, Apt. #, etc.

3. Mailing Address
10821 NE 13th Ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAM

City & State
FL

4. FEI Number
03-0480865

Applied For
Not Applicable

Zip
33161

Country
DADE

Zip
33161

Country
DADE

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

JOSEPH, KETTEL
595 NW 118TH STREET
MIAMI FL 33168

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** ☐ Delete
NAME **JOSEPH, KETTEL**
STREET ADDRESS **595 NW 118TH STREET**
CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

 **SIGNATURE REQUIRED**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)