

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90114 026 \*\*\*150.00

DOCUMENT # P02000110278

1. Entity Name  
**B & J BEAUTY SUPPLY INC.**



Principal Place of Business  
**46 NE 167 ST  
MIAMI FL 33162**

Mailing Address  
**46 NE 167 ST  
MIAMI FL 33162**



2. Principal Place of Business  
**46 NE 167 ST  
Suite, Apt. #, etc.  
46**

3. Mailing Address  
**46 NE 167 ST  
Suite, Apt. #, etc.  
46**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**  
Zip  
**33162**  
Country  
**U.S.A**

City & State  
**Miami, Florida**  
Zip  
**33162**  
Country  
**U.S.A**

4. FEI Number  
**743062416**  
Applied For  
☐ Not Applicable

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

**WALTER, JACQUELINE  
46 NE 167 ST  
MIAMI FL 33162**

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]* (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	PD	<input type="checkbox"/> Delete
NAME	STEWART, BETH-ANN	
STREET ADDRESS	6661 SW 26 CT.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALTER, JACQUELINE	
STREET ADDRESS	1525 SW 111TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: *BethAnn Stewart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 954-4013341  
Date Daytime Phone #

0276579 AV

CR2E034 (10/02)