

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-17-2003 90286 017 ***150.00

DOCUMENT # P02000111677

1. Entity Name
RAMA BEAUTY SUPPLY INC.



Principal Place of Business
6311 MIRAMAR PARKWAY
MIRAMAR FL 33023

Mailing Address
6311 MIRAMAR PARKWAY
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4216030

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

DAHCHA, RAMZI
6311 MIRAMAR PARKWAY
MIRAMAR FL 33023

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 *Ramzi Dahcha*
Signature typed or printed name of registered agent and line if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Ramzi Dahcha 2/15/03

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
NAME DAHCHA, RAMZI
STREET ADDRESS 6311 MIRAMAR PARKWAY
CITY-ST-ZIP MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME ☐
STREET ADDRESS ☐
CITY-ST-ZIP ☐

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

TITLE ☐ Delete
NAME ☐
STREET ADDRESS ☐
CITY-ST-ZIP ☐

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

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TITLE ☐ Change ☐ 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:

Ramzi Dahcha **SIGNATURE REQUIRED** *Ramzi Dahcha 2/15/03*

(954) 986-1941

CR2E034 (10/02)