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

## DOCUMENT #

P02000116799

1. Entity Name

**BOLD & BEAUTIFUL CONSULTANTS INC.** 

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Į	WE THE

FILED Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90344 021 \*\*\*150.00

			WE THE			
Principal Place 19200 NW 11 MIAMI FL 33		Mailing Address 19200 NW 11 AVE MIAMI FL 33169	<i>y</i>			
2. Principal I	Place of Business	3. Mailing Address				
				}		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	ING CHANGES	
City & State		City & State		4. FEI Number 03-0490388	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Register	ed Agent	
			Name F	ancina Bolden		
	AGENT SERVICES INC			s (P.O. Box Number is Not Acceptable)		
	CKELL AVE STE 900		L			
- Miami Fl	33131		1920	ONW 11th Avenu	2	
			City M	Inmi I	<b>EL</b> Zip Code 33/69	
8. The above	named entity submits this statement	for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida. I	am familiar with, and accept	
ine obliga	tions of registered agent.	12 1100		-	1/8/03	
SIGNATURE	Harriena	10000		·		
	Signature, typed of printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requ	fred when reinstating) DA	re	
	ILE NOWILL FEE IS \$550.00			9. Election Campaign Financing	¢5.00	
	ptember 10, 2003 Fee will be \$75			Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check	Payable to Florida Department	of State				
10.	OFFICERS ANI	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	PD STANOONA	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME ' STREET ADDRESS	BOLDEN, FRANCINA 19200 NW 11 AVE		NAME SYREET LODDEGO			
CITY-ST-ZIP	MIAMI FL 33169		STREET ADDRESS CITY-ST-ZIP			
TITLE	VD	☐ Delete			☐ Change ☐ Addition	
NAME	BOLDEN, GARY	U UBIRTB	TITLE		Change Addition	
STREET ADDRESS	19200 NW 11 AVE		STREET ADDRESS		ł	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP		)	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP		_	
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STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			
12 Uherehvio	sertify that the information europlied will	th this filing does not qualify to	r the averagion stated in	Continue 110 D7(2)(i) Elected Statutes I further		

2. Thereby 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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03

305-869-3088

Daytime Phone #

## 90142528

## BOLD & BEAUTIFUL CONSULTANTS, INC. 19200 NW 11<sup>th</sup> Avenue Miami, FL 33169

Francina Bolden, PD Gary Bolden, PD

July 7, 2003

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314
Document #:
P020000116799

Dear Ms. Hood:

The purpose of this letter is to inform you that we did not receive the prior notice requesting this report. We are a new corporation. This is the first time we have received anything like this. Our desire is to completed abide by all rules and regulations established by government, without fail.

Please waive the late fee and find enclosed the \$150.00 filing fee which would have been mailed immediately had we received this request.

Thank you for your cooperation.

Sincerely,

Francina Bolden