

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 91396 023 ***150.00

DOCUMENT # P02000120227

1. Entity Name
BEAUTIFUL EYES DISCOUNT, INC.



Principal Place of Business
5451 W 7 COURT
HIALEAH FL 33012

Mailing Address
5451 W 7 COURT
HIALEAH FL 33012

55042972



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 223884100 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRU, ROSA J
5451 W 7 COURT
HIALEAH FL 33012

7. Name and Address of New Registered Agent
Name: ROSA M. BEW
Street Address (P.O. Box Number is Not Acceptable): 801 W. 49 Street Suite 110
City: Hialeah FL Zip Code: 33012

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] **DATE** 4/23/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PO BRU, ROSA J 5451 W 7 COURT HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P. BRU ROSA M 801 W. 49 ST Suite 110 Hialeah FL 33012
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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] **DATE** 4/23/03 **Daytime Phone #** 362-4020

CR2E034 (1/02)