

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # PO5000065553	
1. Entity Name SANA BEAUTY SUPPLIES, INC. 1172 NORTH STATE RD. 7 LAUDERHILL FL. 33313-6630	

FILED
09 JUN 16 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1172 North state rd. Suite, Apt. #, etc. LAUDERHILL City & State FLORIDA 33313 Zip 33313	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country BROWARD	4. FEI Number 75=3190695 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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06/03/09--01022--017 **1800.00
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7. Name and Address of Current Registered Agent

Name Ahmad Muntaser
Street Address (P.O. Box Number is Not Acceptable)
1172 N. State Rd. 7
City Lauderhill **FL** Zip Code 33313

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 Ahmad Muntaser 6/11/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$510.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ahmad Muntaser 1172 N. State Road 7 Lauderhill FL. 33313
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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 on an attachment with an address with all other like empowered.

AHMAD MUNTASER

SIGNATURE: Ahmad Muntaser PRES. 4-16-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #