

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 8:48

DOCUMENT # P06000026415

1. Entity Name
DISCOUNT BEAUTY SUPPLY NMB, INC.



Principal Place of Business
5260 SW 9 STREET
PLANTATION, FL 33317

Mailing Address
5260 SW 9 STREET
PLANTATION, FL 33317



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4454749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UDDIN, NUR
5260 SW 9 STREET
PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	UDDIN, NUR
STREET ADDRESS	5260 SW 9 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	DVP
NAME	AKTER, CHINA
STREET ADDRESS	5260 SW 9 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	DST
NAME	KHANAM, RONU
STREET ADDRESS	5260 SW 9 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/05/08--01006--002 **888.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/08

Date Daytime Phone #

5/30