

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

ATX1

DOCUMENT # P06000101742
1. Entity Name DARK & LOVELY BEAUTY SUPPLY INC. 69 NW 7th. AVE. MIAMI FL. 33150-3810

FILED

09 JUN 19 AM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300156726423
06/03/09--01022--017 **1800.00

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2. Principal Place of Business 6900 NW 7th. AVENUE		3. Mailing Address	
Suite, Apt. #, etc. MIAMI FL.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33150	Country DADE	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0541094	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Yousef MASOUD
Street Address (P.O. Box Number is Not Acceptable) 29600 SW. 212th Ave
City HOMESTEAD FL
Zip Code 33031

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, 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 \$550.00

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	Pres. V.P. S/T Yousef MASOUD 29600 SW. 212th Ave HOMESTEAD FL 33031
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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.

YOUSSEF MASOUD

President 4-5-09

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #