

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

ATK1

DOCUMENT # PO8000108632
1. Entity Name LOVELY & DARK BEAUTY SUPPLIES INC. 1140 NW 54th. ST. MIAMI FL. 33127

FILED

09 JUN 17 AM 4:27

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900458513403
05/29/09--01003--012 **150.00

2. Principal Place of Business 1140 NW 54th. St. Suite, Apt. #, etc. Miami FL. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33127	Country Dade	Zip	Country

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4. FEI Number 26-3886154		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ✓ IKTMAL ABUZHARIA			
Street Address (P.O. Box Number is Not Acceptable) ✓ 3821 NW 92nd. AVENUE			
City HOLLYWOOD, FL.		Zip Code 23024-8147	

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	IKTMAL ABUZHARIA PRES. 3821 NW 92nd. AVE SEC TR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL. 23024
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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.

SIGNATURE:  Pres 4/22/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**