Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000145465 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number: 120110000092 : (305)448-9584 - Fax Number : (305)448-9569

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN URBAN BEAUTY INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

850-617-8381

6/27/2013 1:52:40 PM PAGE 1/001

LSX SALAGI



June 27, 2013

FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

URBAN BEAUTY INC. 1230 NORTH LAKE BLVD LAKE PARK, FL 33403US

SUBJECT: URBAN BRAUTY INC.

REF: P11000075539

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

PLEASE HAVE AN OFFICER TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II FAX Aud. #: H13000145465 Letter Number: 513A00016121

P.O BOX 6327 - Tallahassee, Florida 32314

Tallahassee, FL 32301

## COVER LETTER

TO: Amendment Sect Division of Corp				
	RATION: URBAN BE	ALITY INC		
DOCUMENT NUM	BER: P1100007553	9		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing,		
Please return all corre	spondence concerning this mat	ter to the following:		
	MAHMOUD GHA	NEM		
,		Name of Contact Person	1	
	<b>URBAN BEAUTY</b>	INC.		
		Firm/ Company		
	1230 NORTH LA	KE BLVD		
		Address	·	
	LAKE PARK, FL	33403		
		City/ State and Zip Code	<del>•</del>	
	E-mail address: (to be us	ed for future annual report	notification)	
			······································	
For further information	on concerning this matter, pleas	e call:		
MAHMOUD	GHANEM	<sub>av</sub> 561	768-1673	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	oayable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	iling Address	Street	Address	
<del>-</del>	endment Section	Amendment Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			on of Corporations	
		Clifton Building 2661 Executive Center Circle		

## Articles of Amendment to Articles of Incorporation of

URBAN BEAUTY INC.		
(Name of Corporation as currently filed w	with the Florida Dept. of State)	
P11000075539		
(Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation;	tutes, this Florida Profit Corporation adopts the following amendment(	s) to
A. If amending name, enter the new name of the corpor	ration:	
	The new	
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbra	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the eviation "P.A."	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
	و المراجع المر	
		*******
C. Enter new mailing address, if applicable:	50 L	Language
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		1
	STA用 第一页	
To The annual continue of the second	<b>一</b>	
<ul> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office</li> </ul>		
	<del></del>	
Name of New Registered Agent		
	Florida street address)	
·	t to the second desires sy	
New Registered Office Address:	, Florida (City) (Zip Code)	
	(copy code)	
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.	
Signature of New Re	egistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D - Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> <u>Jo</u>	hn Doe	,
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ulty Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	PD	MAHMOUD GHANEM	1230 NORTH LAKE BLVD
Add			LAKE PARK, FL 33403
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	PD	MOHAMED YEHIA	1230 NORTH LAKE BLVD
Add	<del>-</del>		LAKE PARK, FL 33403
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	(Be specific)			
4				
<u> </u>	1-11-1			
		<del></del>	-	
	,			<u>-</u>
			-	
•	-		·	
		<u></u>		
			<del>_</del>	
	· · · · · · · · · · · · · · · · · · ·			<del> </del>
			· · · · · · · · · · · · · · · · · · ·	
				-
			· · · · · · · · · · · · · · · · · · ·	·
			<del> </del>	
(an amendment provides for an exercisions for implementing the am (if not applicable, indicate N/A)	hange, reclassif	leation, or cance contained in the	ellation of issued sh amendment itself:	ares.
		<del> </del>		
. ,				
<del></del>	<u></u>			
	<del> </del>	<del> </del>		
			<del> </del>	

The date of each amendment(s) a	doption: 06/26/2013
Effective date <u>if applicable</u> :	
· —	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(roting group)
	(roting group)
action was not required.  The amendment(s) was/were ad-	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 07/03/	2013
Signature	hues Review
(By a c	and down, produced or other or interest - in directors or other sales been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
арроп	wa nowing of mat introducy)
	MAHMOUD GHANEM
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)