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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	SUBJECT:A'DAZ'L DISCOUNT BEAUTY AND NAIL SUPPLY, INC.					
5020.	(Name of corporation)					
DOCU	JMENT NUMBER: P93000007268					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
NICH	OLAS MONTANA					
	(Name of person)					
A'DAZ	Z'L DISCOUNT BEAUTY AND NAIL SUPPLY, INC.					
	(Name of firm/company)					
12512	PINES BLVD					
	(Address)					
PEME	BROKE PINES, FL 33027					
	(City/state and zip code)					
For fu	rther information concerning this matter, please call:					
NICKO	OLAS MONTANA at (954) 432-5757 (Name of person) (Area code & daytime telephone number)					
	(Name of person) (Area code & daytime telephone number)					
Enclos	sed is a \$35.00 check made payable to the Department of State.					
Ameno Division P.O. B	Address: dment Section on of Corporations Box 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	2, 617.0502, 607.1508, or 617.1508, Flow Pration organized under the laws of the Sta	
Florida	-	ristered office or registered agent, or both	•
of Florida. 1. The name of	<u> </u>	UNT BEAUTY AND NAIL SUPPLY, INC.	
		VD., PEMBROKE PINES, FL 33027	
3. The mailing	address (if different): 12512 PINE	ES BLVD., PEMBROKE PINES, FL 33027	
4 Date of inco	poration/qualification: 01/26/9	3 Document number: P9300	00007268
5. The name an		ristered agent and registered office on file	
	Terry Montana		12
	7317 Miami Lakes Drive		
	Miami Lakes, FL 33014		6:5 STA FLOR
6. The name a changed):	nd street address of the new reg	ristered agent (if changed) and /or registe	PATTICE (if
5 /	Nicholas Montana		
	12512 Pines Blvd.	al mailbox NOT acceptable)	
	Pembroke Pines, FL 33027	,	
The street addragent, as chang	ress of its registered office and the	ne street address of the business office of	its registered
Such change wanthorized by	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by ar been notified in writing of the change.	n officer so
(Signature of an office	ar, chairman or vice chairman of the board)	Terry Montana (Printed or typed name and title)	Pres
performance of registered age office address,	my auties, and I am jamiliar wint. Or, if this document is being I dereby confirm that the corporation of th	agent and agree to act in this capacity. If all statutes relative to the proper and co ith and accept the obligation of my position filed merely to reflect a change in the regration has been notified in writing of this	on as
If signing on beha	Signature of Registered Agent)	(Date)	
	(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *