

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070198

1. Entity Name

AA DISCOUNT BEAUTY SUPPLY, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90041 005 ***150.00

Principal Place of Business

Mailing Address

1014 SOUTH 56 AVENUE
 HOLLYWOOD FL 33023

1014 SOUTH 56 AVENUE
 HOLLYWOOD FL 33023-1902

2. Principal Place of Business

1014 SOUTH 56 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1014 SOUTH 56 AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

65-0520601

Applied For

Not Applicable

Zip
33023

Country
U.S.A

Zip
33023

Country
U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANAJE, PETER
 1014 SOUTH 56 AVENUE
 HOLLYWOOD FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME ANAJE, PETER
 STREET ADDRESS 1014 SOUTH 56 AVENUE
 CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME ANAJE, ANNMARIE
 STREET ADDRESS 1014 SOUTH 56 AVENUE
 CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Anaje
 PETER ANAJE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/00 954-961-6273
 Date Daytime Phone #

CR2E034 (9/99)