## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P9400070198 1. Entity Name AA DISCOUNT BEAUTY SUPPLY, INC. 05-04-2001 90017 026 \*\*\*150.00 Principal Place of Business Mailing Address 1014 SOUTH 56 AVENUE 1014 SOUTH 56 AVENUE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 969876 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0520601 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANAJE, PETER Street Address (P.O. Box Number is Not Acceptable) 1014 SOUTH 56 AVENUE HOLLYWOOD FL 33023 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change Addition ☐ Delete TITI F TITLE NAME ANAJE, PETER NAME STREET ADDRESS STREET ADDRESS 1014 SOUTH 56 AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Change ☐ Addition TITLE ☐ Delete ANAJE, ANNMARIE NAME NAME STREET ADDRESS STREET ADDRESS 1014 SOUTH 56 AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 Addition. ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

954-961-6273