## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am P95000083702 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90021 044 \*\*\*150.00 Z BEAUTY SPOT, INC. Principal Place of Business Mailing Address 2707 EAST OAKLAND PARK BLVD. 2707 EAST OAKLAND PARK BLVD. FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0650944 Not Applicable \$8.75 Additional Zip 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 GREGORY, JOHN Street Address (P.O. Box Number is Not Acceptable) 2707 EAST OAKLAND PARK BLVD. FT LAUDERDALE FL 33306 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete ☐ Change GREGORY, JOHN NAME NAME 2707 EAST OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supply in that 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 is the receiver or up a 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 attractment with a laddless, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF GRING OFFICER OR DIRECTOR

1/2/2002

(954) 563 8605

Daytime Phone #

FILED