## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # **P96000037005** BEAUTY MAX CORP. 01-29-2001 90083 037 \*\*\*150.00 Principal Place of Business Mailing Address 3782 WEST OAKLAND PARK RLVD. 3782 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Applied For City & State City & State 4. FEI Number 65-0681322 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARK, JASON Street Address (P.O. Box Number is Not Acceptable) 3782 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33311 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition PD TITLE ☐ Delete TITLE PARK, JEONG W NAME NAME STREET ADDRESS STREET ADDRESS 3782 W OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-7IP LAUDERDALE LAKES FL 33311 Change ☐ Addition ☐ Delete TITLE TITLE PARK, WOL S NAME NAME STREET ADDRESS STREET ADDRESS 3782 W OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE 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.

ME OF SIGNING OFFICER OR DIRECTOR

Jeong W. Park, Pres. 1/8/01 (954)739-0709