

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0288129 AV

DOCUMENT # P96000053921

1. Entity Name
SENNA BEAUTY CORPORATION

02-11-2002 90099 008 ***150.00

Principal Place of Business
715 NORTHWEST 119TH STREET
NORTH MIAMI FL 33168

Mailing Address
715 NORTHWEST 119TH STREET
NORTH MIAMI FL 33168



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0676438**

Applied For
 Not Applicable

Zip Country

Zip Country

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

KURLAND, JACQUELINE I ESQ.
9853 PINES BLVD.
PEMBROKE PINES FL 33024

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 _____ (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, 2002 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
 NAME **VP**
 STREET ADDRESS **ALARACHI, SAAD**
 CITY-ST-ZIP **7613 NW 42ND PLACE, #C-113**
SUNRISE FL

TITLE
 NAME **VP**
 STREET ADDRESS **ALARACHI, SAAD**
 CITY-ST-ZIP **9410 TANGIEN PL # 105**
FT. LAUD, FL 33324

TITLE
 NAME **P**
 STREET ADDRESS **ALBUNNI, MOHAMED A**
 CITY-ST-ZIP **5013 EAST LAKES DRIVE**
POMPANO BEACH FL 33064

TITLE
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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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 305-687-9444

Date

Daytime Phone #

10/6/02 10:01