

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90015 025 ***150.00

DOCUMENT # P96000061372

1. Entity Name

AMERITRADE BEAUTY CARE, INC.



Principal Place of Business

1191 N.W. 22ND STREET
MIAMI FL 33127

Mailing Address

SJOM, THOMAS
4701 SW 186TH WAY
MIRAMAR FL 33029

54010573

2. Principal Place of Business

8439 EAGLES LOOP CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

8439 EAGLES LOOP CIRCLE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

4. FEI Number

65-0684406

Applied For

Not Applicable

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIN, THOMAS
4701 SW 186TH WAY
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name SHIN, THOMAS

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

8439 EAGLES LOOP CIRCLE

City WINDERMERE

FL

Zip Code

34786

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SHIN, THOMAS, PRESIDENT

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SHIN, THOMAS
STREET ADDRESS 1191 N.W. 22ND STREET
CITY-ST-ZIP MIAMI FL 33127

TITLE T ☐ Delete
NAME SHIN, YONG
STREET ADDRESS 555 NE 34 ST APT 605
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS SHIN, PRESIDENT 2-20-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #