

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90950 026 ***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

**555 NE 34 ST
605
MIAMI FL 33137**

10027230



2. Principal Place of Business

3. Mailing Address

SHIN, THOMAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4701 SW. 186TH WAY

City & State

City & State

MIRAMAR, FL

☒ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

33029

Country

BRDWARD

4. FEI Number

65-0684406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIN, THOMAS
1191 N.W. 22 ST.
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name **THOMAS SHIN**

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

4701 S.W. 186TH WAY

City

MIRAMAR

FL

Zip Code

33029

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

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, 2003 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
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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 REQUIRED

2-22-2003

(954) 442-5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)