FILED STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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P96000072476

1. Entity Name

SAMEDY, INC.



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Principal Place of Business 1402 DEVONSHIRE WAY #1402 PALM BEACH GARDENS FL 33418			Mailing Address 1402 DEVONSHIRE WAY #1402 PALM BEACH GARDENS FL 33418					,		18818 ATH 1881	
		US									
2. Principal Place of Business		3. Mailing Address				1 1041/001 110 101/0 01/11 02/11 00	41 48111 8811		14018 6111 1961		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number		FEI Number <b>65-0696953</b>	65-0696953		Applied For Not Applicable	
Zip	Country	Zip Count			try	5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current F	tegistere				7. Name and Address of New Registered Agent					
CTTV/EN T	ENDDICH ****	-			Name		the state of the state of	<b></b> .			
STEVEN T	VEDERE RD SUITE 407		Street Add			s (P.O. Box Number is Not Acceptable)					
	LM BEACH FL 33406										
WEOTTAL	UNI DENOTITE SOUGH				City			F	Zip Cod	le	
	named entity submits this statement for	the purp	ose of changing its re	egistere	Led office or regist	tered ag	gent, or both, in the State of Fk	rida. I ar	n familiar with,	and accept	
the obligat	tions of registered agent.										
SIGNATURE	Signature, typed or printed name of registered agent ar		Mote.	Daniera.	- A 1			DATE			
		id title ii app	INOTE: I	negisterei	d Agent signature requi	red when t	anstaurig)	DAIL			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					Election Campaign Fir     Trust Fund Contributio	-		00 May Be d to Fees	
10.	OFFICERS AND [	DIRECTO	RS	11.		Αľ	DDITIONS/CHANGES TO OFF	ICERS AI	ID DIRECTOR	S IN 11	
TITLE	P CAM A		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS CITY~ST-ZIP	TENDRICH, SAM A 1402 DEVONSHIRE WAY #1402 PALM BEACH GARDENS FL 33410	3			ET ADDRESS - ST-ZIP		9000106 01/23/0301032-	∤ <b>7'∃</b> **150.0	IŪ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAYNER, ARLYNE R 4601 PONCE DE LEON, SUITE 31 CORAL GABLES FL 33146	0	☐ Delete		<b>I</b>				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***** <u>*</u>		Delete		1		and the second s	<u> </u>	☐ Change	☐ Addition	
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2. 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:

SIGNALUS 7/5 QUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 501091948/

## LAW OFFICES ANTHONY G. COLEMAN, JR., P.A.

3275 West Hillsboro Boulevard Suite 207 Deerfield Beach, Florida 33442 t.coleman@ffs-inc.net

(954) 354-2785

FAX: (954) 354-3404

January 1, 2003

Department of State
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Re: Profit Corporation Uniform Business Reports

To Whom It May Concern:

Enclosed herewith is duly executed Corporation Reinstatement form with respect to Beauty Supply Distribution Corp. and remittance in the amount of \$450.00. This payment covers uniform business report fees for years 2001, 2002 and 2003. We understand the enclosed reports are being submitted late and respectfully request waiver of reinstatement fees in this instance. The corporation never received the report form for year 2001 and subsequent reminders. The dissolution of this company very recently came to our attention.

Thank you for your anticipated courtesy in this matter.

Sincerely.

Anthony G. Coleman, Jr., Esq., C.P.A.

Cc.: Morlin Login

Encls.