

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90017 003 ***150.00

11/05/02
 AV

DOCUMENT # P96000073041

1. Entity Name
BEAUTY SUPPLIES FOR LESS INC.

Principal Place of Business

6837 MIRAMAR PARKWAY
MIRAMAR FL 33023

Mailing Address

6837 MIRAMAR PARKWAY
MIRAMAR FL 33023

2. Principal Place of Business

BEAUTY SUPPLIES FOR LESS INC.
 Suite, Apt. #, etc.
7962 Pines Blvd.

3. Mailing Address

Beauty Supplies for Less Inc.
 Suite, Apt. #, etc.
7962 Pines Blvd.



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD FLORIDA

City & State
HOLLYWOOD. FLORIDA.

4. FEI Number **65-0692233**

Applied For
☐ **Not Applicable**

Zip **33023** **Country** **BROWARD.**

Zip **33023** **Country** **BROWARD.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DISLA, KHAIR L
6417 S.W. 20TH STREET
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name
DISLA, KHAIR L
Street Address (P.O. Box Number is Not Acceptable)
6408 S.W. 20th STREET.
City **MIRAMAR** **FL** **Zip Code** **33023**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DISLA, JACQUELINE 6408 SW 20 ST MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DISLA, KHAIR 6408 SW 20 ST MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Khair Disla** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/02 **(954) 986-0449**
Date Daytime Phone #

CR2E034 (9/01)