

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90762 050 ***150.00

DOCUMENT # P96000073041

1. Entity Name

BEAUTY SUPPLIES FOR LESS INC.



Principal Place of Business

7962 PINES BLVD.

HOLLYWOOD FL 33023

Mailing Address

7962 PINES BLVD.

HOLLYWOOD FL 33023

2. Principal Place of Business

7070 SW 12 St.

3. Mailing Address

7070 SW 12 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES. FLORIDA

City & State

PEMBROKE PINES. FLORIDA

4. FEI Number

65-0692233

Applied For

Not Applicable

Zip

Country

BROWARD

Zip

Country

BROWARD.

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

DISLA, KHAIR L

6408 SW 20TH STREET

MIRAMAR FL 33023

Name

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

City

FL

Zip Code

9. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
DISLA, JACQUELINE
6408 SW 20 ST
MIRAMAR FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

7070 SW 12 St.
PEMBROKE PINES. FL. 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISLA, KHAIR
6408 SW 20 ST
MIRAMAR FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

7070 S.W. 12 St.
PEMBROKE PINES. FL. 33024

TITLE
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☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Khair L. Disla

02-12-03

954-655-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)