## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**1998** 

P97000067852 (8)

## **FILED** Feb 02 1998 8:00am Secretary of State

DOCUMENT # JUST FOR U BEAUTY, INC. Principal Place of Business Mailing Address 901 EAST 10TH AVENUE. #13 901 EAST 10TH AVENUE. #13 HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 2. Principal Place of Business 2a. Mailing Address 4) FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zıp Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ABDIN, BOCHR Name 901 EAST 10TH AVENUE, #13 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change TITLE ALATTAR, MUNZER NAME 1.2 NAME 901 EAST 10TH AVENUE, #13 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY-ST-ZIP \_\_ DELETE ☐ Change ☐ Addition TITLE 21 TITLE ABDIN, BOCHR NAME 22 NAME 901 EAST 10TH AVENUE, #13 STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is officer or director of the corporation of the receiver or trusted emplock 12 or Block 13 if changed, or an attachment with an additional control of the corporation of the receiver of trusted employer. the Attemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information of and that my signature shall have the same legal effect as if made under oath; that I am an organ this report as required by Chapter 607, Florida Statutes; and that my name appears in