BB INK 9517    BRAIN # 0.917      INMER # 30160    INMER # 30160      2. Principal Pages of Business    3. Ma ing Address      Suits Apil # reliable    Suits Apil # reliable      2. Principal Pages of Business    3. Ma ing Address      Suits Apil # reliable    Our Market      2. Principal Pages of Business    3. Ma ing Address      Suits Apil # reliable    Our Market      2. Principal Pages of Business    3. Ma ing Address      2. Principal Pages of Business    3. Ma ing Address      2. Name and Address of Gumen Registered Agent    7. Mana and Address of Rew Registered Agent	DOCU 1. Entity Nar	1 UNIFORM BUSI IMENT # P970001 AL BEAUTY SUPPLIES INC.		DRT (UBF	2)	FILED May 10, 2001 8:00 am Secretary of State 05-10-2001 90160 043 ***158.75
Suite, ADL #, etc.  Suite, ApL #, etc.  DO NOT WHITE IN THIS SPACE    City & State  City & State  In FEL Number & Scheduler  MARADIA    Zip  Country  Zip  Country  S. Centicate of Status Desired  X Status ApL # Status Desired	Principal Place of Business 6993 NW 50 ST. MIAMI FL 33166		6993 NW 50 ST.			762658
City & State    Only & State    4. FEI Number    Accurate for the Applicable      Zp    Country    Zp    Country    State    Accurate for the Applicable      Zp    Country    Zp    Country    State    State    Name and Address of Name Registered Agent	2. Principal Place of Business		3. Mailing Address			
Country      Zp      Country      Zp      Country      Stars      The Appleability        2 p      Country      S. Certificate of Status Desired      X      Stars	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
Zip    Country    Zip    Country    S. Certificate of Status Desired    X Status Table Registered Agent         -PARRA, FRANCISCO H	City & Stat	te	City & State		4.	
6. Name and Address of New Registered Agent  7. Name Andress  7. Name and Address of New Registered Agent  7. Name Andress  7. Name and Address of New Registered Agent  7. Name Andress  7. Na	Zip	Country	Zip	Country	5.	Contificate of Status Desired Status Resired
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ME    NAME      REET ADDRESS    STREET ADDRESS      IY-ST-ZIP    CITY-ST-ZIP      LE    Delete      ME    NAME      REET ADDRESS    STREET ADDRESS      Y-ST-ZIP    CITY-ST-ZIP      LE    Delete      ME    STREET ADDRESS      Y-ST-ZIP    CITY-ST-ZIP      L. 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 true 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.	ME		Delete	NAME STREET ADDRESS		Change 🗋 Addition
NAME  NAME    REET ADDRESS  STREET ADDRESS    TY-ST-ZIP  CITY-ST-ZIP    3. 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 of 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.				<b>I</b> 7		Change 📑 Addition
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SIGNATURE: <u>Manne Manuel Jane Jane 04-30-01</u> 786-2023210 SIGNATURE AND TYPED OF PRINDED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prome #	ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change C Addition