

P98000P39539

Requester's Name

Address

vbc B15  
3809 West Colonial Dr  
Orlando 32808

000003021390--4  
-10/21/99-01090-008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Photocopy             |
|                                   |                                       | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

**AMENDMENTS**

- |  |  |
|--|--|
| <input type="checkbox"/> Profit            | <input type="checkbox"/> Amendment                             |
| <input type="checkbox"/> Not for Profit    | <input type="checkbox"/> Resignation of R.A., Officer/Director |
| <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Change of Registered Agent            |
| <input type="checkbox"/> Domestication     | <input type="checkbox"/> Dissolution/Withdrawal                |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Merger                                |

**OTHER FILINGS**

**REGISTRATION/QUALIFICATION**

- |  |  |
|--|--|
| <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Foreign             |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Limited Partnership |
|  | <input type="checkbox"/> Reinstatement       |
|  | <input type="checkbox"/> Trademark           |
|  | <input type="checkbox"/> Other               |

10-28  
PACB  
REC

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of \_\_\_\_\_ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: VIBE BEAUTY SUPPLY, INC.
2. The mailing address of the corporation is: 3109 W. COLONIAL DR  
ORLANDO FL 32808
3. Date of incorporation/qualification: 5/1/98 Document number: 898000039539
4. The name and address of the current registered agent and office:

AMERILAWYER  
343 ALMERIA AVE  
CORAL GABLES FL 33134

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5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MUSTAPHA MOUTCHOU  
1030 NW 10th AVE  
FT. LAUDERDALE FL 33311

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

10-11-99  
(Date)

MOUTCHOU MUSTAPHA  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

10-11-99  
(Date)

If signing on behalf of an entity:

MOUTCHOU MUSTAPHA  
(Typed or Printed Name)

President  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*