

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

DOCUMENT # **P98000046552**

1. Entity Name

**JUST FOR YOU BEAUTY Supply, INC.**

FILED

02 JUN 12 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**973 NW 27 AVE**

3. Mailing Address

**SAFARI**

Suite, Apt. #, etc.

**#4**

Suite, Apt. #, etc.

**SAFARI**

City & State

**FT. LAUDERDALE, FL**

City & State

**SAFARI**

4. FEI Number

**65-0842737**

Applied For

Not Applicable

Zip

**33311**

Country

**USA**

Zip

**33311**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

**TOUFIK BELOUALTI**

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

**11350 NW 37 PLACE**

City

**SUNRISE**

FL

Zip Code

**33323**

**DO NOT WRITE  
IN THIS SPACE**

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:

**TOUFIK BELOUALTI**

**6-6-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<b>PVST TOUFIK BELOUALTI 11350 NW 37 PLACE SUNRISE, FL 33323</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>ARSO F&amp;P ID</del> <del>150.00 - GRA</del></b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>150.00 - GRA</del> 100005892251--8 -06/20/02--01065--013 ****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>101.25 - AR 10.00 - ARARTS } 150 (50.00 - ARsupp 38.75 - ARsupp } 100.00 - GRA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>150.00 - gra</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>150.00 - gra</b>

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**TOUFIK BELOUALTI**

**6-6-02 (954) 4101032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #