

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90018 006 ***150.00

DOCUMENT # P98000047972

1. Entity Name
BEAUTYPROF INC.

Principal Place of Business
335 CAMBRIDGE DRIVE
FT LAUDERDALE FL 33326

Mailing Address
335 CAMBRIDGE DRIVE
FT LAUDERDALE FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2646 west 79th. Street
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State

4. FEI Number **65-0848507**

Applied For
☐ **Not Applicable**

Zip **33016** **Country** **USA**

Zip **Country**

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

IRIZARRY, FRED
3941 NW 5TH ST
COCONUT CREEK FL 33066

Name

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

City

FL

Zip Code

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 _____ 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **TONAZZI, XANITXIO**
STREET ADDRESS **335 CAMBRIDGE DRIVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ **Delete**
NAME **TONAZZI, CARLOS**
STREET ADDRESS **335 CAMBRIDGE DRIVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Xanitxio Tonazzi* **Xanitxio Tonazzi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/02 (305)822-5226
Date Daytime Phone #

CR2E034 (9/01)