2003

UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90362 026 ***150.00

DOCUMENT # P98000067150

1. Entity Name

BE-DAZZLED OF BOCA, INC.

Principal Place of Business	Mailing Address
17940 N. Military Trail Boca Raton, Florida 33496	6368 Sandy Hill Way Lake Worth, Florida 33465

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
↑ Same		(↑ Same) 6368 Sandy Hill Way	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		Lake Worth, Florida	
Zip	Country	Zip 33463	Country USA

4. FEI Number **65-0854261** ☐ Applied For ☐ Not Applicable

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
Mistretta, Sheryl	Name: Mistretta, Henry
6368 Sandy Hill Way	Street Address (P.O. Box Number is Not Acceptable): 6368 Sandy Hill Way
L. Worth, FL. 33463	City: L. Worth **FL** Zip Code: 33463

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: Sheryl Mistretta — Sheryl Mistretta — 4/24/03
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, 2000 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	
TITLE	V.P. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Mistretta, Henry	NAME	
STREET ADDRESS	6368 Sandy Hill Way	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, Florida 33463	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Henry Mistretta 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #