

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90023 019 ***158.75

DOCUMENT # ~~998000019201~~

1. Entity Name

P98000079096

Beauty America Inc.

R

Principal Place of Business

Mailing Address

13
 404 NE 125th STREET
 MIAMI, FL. 33161

2. Principal Place of Business

3. Mailing Address

404 N.E. 125th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

65-0866020

Applied For

Not Applicable

Zip

Country

Zip

Country

33161

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAJJAD KABANI

404 N.E. 125th Street

Miami, FL 33161

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

Sajjad Kabani

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-17-00

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 IN 11

TITLE *P*
 NAME *SAJJAD KABANI*
 STREET ADDRESS *404 N.E. 125th STREET*
 CITY-ST-ZIP *MIAMI, FL 33161* ☐ Delete

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

TITLE *S*
 NAME *ALOM MUHAMMAD*
 STREET ADDRESS *404 N.E. 125th STREET*
 CITY-ST-ZIP *MIAMI, FL 33161* ☐ Delete

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

TITLE *T*
 NAME *ALI K. MERCHANT*
 STREET ADDRESS *404 N.E. 125th Street*
 CITY-ST-ZIP *Miami, FL 33161* ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

Sajjad Kabani

SAJJAD KABANI - President 4/18/20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)