2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT

P98000092829

1. Entity Name

BEAUTY MAKER, INC.

Principal Place of Business

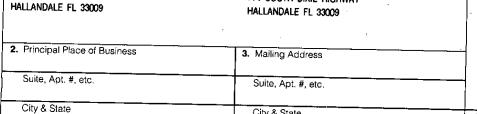
714 SOUTH DIXIE HIGHWAY



02-26-2003 90145 015 ***150.00

Mailing Address

714 SOUTH DIXIE HIGHWAY





FILED

Feb 26, 2003 8:00 am Secretary of State

☐ CHECK HERE IF MAKING CHANGES

City & State 4. FEI Number 65-0872632 Country Zip Country 5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Zip Code

Applied For

PEREIRA, CARLOS 714 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009

		~ ~ ~ ~ ~ ~
Name		
Street Add	dress (P.O. Box Number is Not Acceptable)	

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. I am familiar with, and accept

City

SIGNATURE

10.

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Addition

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PEREIRA, CARLOS STREET ADDRESS 714 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete 🗀 🖚 🥃 TITLE ☐ Chänge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

☐ Delete