

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

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90129 029 \*\*\*150.00

**DOCUMENT #** P98000094882

**1. Entity Name**

Beauty Supply Depot, Inc.



00144074

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
2859 S. Military Trail

**3. Mailing Address**  
2859 S. Military Trail

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

**City & State**

W. Palm Bch., FL  
Zip 33415 Country Palm Beach

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Zip 33415 Country Palm Beach

**4. FEI Number**

650875223

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Amal Itayem

Street Address (P.O. Box Number is Not Acceptable)  
2859 South Military Trail

City W. Palm Beach

FL

Zip Code 33415

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PSTD  
**NAME** Amal Itayem  
**STREET ADDRESS** 2859 S. Military Trail  
**CITY-ST-ZIP** W. Palm Beach, FL 33415

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)