

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90073 033 ***150.00

DOCUMENT # P99000007035

1. Entity Name
BEAUTY TOUCH, INC.

Principal Place of Business
9061 BISCAYNE BLVD.
MIAMI SHORES FL 33138-3221

Mailing Address
9061 BISCAYNE BLVD.
MIAMI SHORES FL 33138-3221

2. Principal Place of Business

3. Mailing Address
Beauty Touch Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0898415**

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

GARAY, ROMELIA
19001NE 14TH AVE., DEPT. 112
N. MIAMI BCH FL 33179

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/19/02*

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	D	<input type="checkbox"/> Delete
NAME	GARAY, ROMELIA	
STREET ADDRESS	19001NE 14TH AVE. DEPT. 112	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUANCHE, STEVE	
STREET ADDRESS	12105 SAILBOAT WAY	
CITY-ST-ZIP	COOPER CITY FL 33016	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
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

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (9/01)