## -2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000000		FILED				
INTERNATIONAL BEAUTY GROUP, INC			00 DEC 13 AM 9: 31			
Principal Place of Business Mailing Address			SECRETARY OF STATE			
17308-A COLLINS AVE			TALLAHASSEE, FL <b>ORIDA</b>			
SUMNY Isles BEACH, FL 3		·				
2. Principal Place of Business 3. Mailing 3. Mailing 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #	us Ave	DO NOT WRITE IN THIS SPACE				
City & State City & St	tate		4. FEI Number	363		lied For Applicable
Zin Country Zin	JY ISIES BE		65-0886	Sector S	3.75 Additi	<del></del>
33160 USA 3316	<u> </u>	USA	7. Name and Address		e Required ent	
BAPHAEL AHMAR		<u> </u>				
			P.O. Box Number is Not Ac	ceptable)		
SUNNY ISLES BEACH, FL 33160 City					7:- O-d-	
	City		FL	Zip Code		
8. The above named entity submits this statement for the purpose	of changing its register	red office or registere	ed agent, or both, in the St			, ,
SIGNATURE Y Signamur lyped or printing name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so. (See criteria on back)	10. Election Cam Trust Fund Co			May Be to Fees		
11. OFFICERS AND DIRECTORS	12.		ADDITIONS/CHANGES			
TITLE P BAPHAEL AMMAR	Delete : TITL			L	Change	Addition
STREET, ADDRESS 17308-A COLLINS AVE		REET ADDRESS	,			
TITLE SUNNY ISLES BEACH	ると 3516年 IIII	Y-ST-ZIP			Change	Addition
NAME	NAM	ME	300	DOS516/ -12/23/000	403·	
STREET ADDRESS CITY-ST-ZIP		REET ADDRESS Y-ST-ZIP		****150.00		
TITLE'	Delete - TITI	1			Change	Addition
NAME STREET ADDRESS	NAN STR	ME REET ADDRESS				
CITY-ST-ZIP .		Y-ST-ZIP				☐ Addition
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NAME STREET ADDRESS		REET ADDRESS		8		
CITY-ST-ZIP		Y-ST-ZIP	etion 110 07/2V/\(\) Florida	Statutos I further service	v that the inf	formation
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 AND TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECT	TOR	Date	Dayl	me Phone #	
	~					

## International Beauty Group, Inc.

November 22, 2000

Secretary of State Division of Corporations P.O.Box 6327, Tallahassee, Florida 32314

To Whom It May Concern:

The reason of this letter is to ask for a wave of the penalty for "non renewal" on time of the corporation.

We never received the form for the renewal because of the change of address and like we are a new company, we didn't know about the yearly renewal.

We are sending you \$150.00 (one hundred fifty dollars) for the regular renewal of the corporation. Please let us know to the above address about your decision.

Please use the above address to make a CHANGE OF ADDRESS in your files.

Thank you very much for your cooperation.

Sincerely,

Raphaël Ammar

President