OHORONG A

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900010070

1. Entity Name

YVONNE'S SCHOOL OF BEAUTY, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90128 042 ***150.00

l				100 W	250					
	e of Business	Mailir	ig Address							
8058 W MCNAB ROAD			8058 W MCNAB ROAD							
NORTH LAUDI	ERDALE FL 33068	NORI	H LAUDERDALE FL 33	1068	1		86 111 8815 1 161	(H 44) H 45 H (
2. Principal P	Place of Business	3. Mai	ling Address						(1) (1) (1)	
8058 W. MLNAB ROAD			SAME							
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			CHECK HERE I	F MAKING	CHANGES		
City 9 Ctot		Cir	2 Ctal							
City & State A. AUDERDACE, FL			Zing 33068 Country BROWARD			4. FEI Number 65-0891298			oplied For ot Applicable	
^{zip} 330	6P BROWLED	Zip	3068	Country BROWAY	5.	Certificate of Status Desired		\$8.75 Add	ditional d	
	6. Name and Address of Currer	nt Registere		3		Name and Address of New Re				
SPIEGEL & UTRERA, P.A.					Street Address (P.O. Box Number is Not Acceptable)					
343 ALMERIA AVENUE										
CORAL G/	ABLES FL 33134									
				City			FL	Zip Cod	e	
8 The above	named entity submits this statement	for the our	ose of changing its re	egistered office or	registered a	gent, or both, in the State of Flor		emiliar with	and accept	
	ions of registered agent.	ioi alo parp	occordinging no n	5g.0.0.00 0,1100 01	rogiotorou u	gone, or board, in the orace of Flor	iaa. Tanin	armor man	una docopt	
CICNIATUDE	i a									
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if app	olicable. (NOTE: I	Registered Agent signatu	re required when	reinstating)	DATE		}	
F	ILE NOW!!! FEE IS \$150.00									
After May 1, 2003 Fee will be \$550.00						9. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
Make Check	Payable to Florida Department	of State				Trast tario contribution		Audeo	101662	
10. 🛴	OFFICERS AN	D DIRECTO	RS	11,	Α	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	PTD		Delete	TITLE				☐ Change	☐ Addition	
`\name Street address	LOWENSTEIN, YVONNE 4636 BISON STREET			NAME STREET ADDRESS					1	
STREET ADDRESS	BOCA RATON FL 33428			CITY-ST-ZIP						
TITLE	SVD		Delete	TITLE				☐ Change	Addition	
NAME	LOWENSTEIN, YVONNE		CO DOICE	NAME				ontaings		
,	4636 BISON STREET			STREET ADDRESS				,		
CITY-ST-ZIP	BOCA RATON FL 33428			CITY-ST-ZIP						
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NAME STREET ADDRESS				NAME						
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STREET ADDRESS				STREET ADDRESS						
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TITLE			Delete	TITLE	•			☐ Change	Addition	
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STREET ADDRESS				STREET ADDRESS					}	
CITY-ST-ZIP				CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 receive of trustee empowered of execute this epoch as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED HAME OF STANJING PROCESSOR DIRECTOR

☐ Delete

4/14/03 Day Daytime Phone #

☐ Change

Addition

CR2E034 (10/0)