Apr-28-00 03:51P ANDRADE,HERNANDEZ&Co* 3(

May 24, 2000 8:00 am
Secretary of State
05-24-2000 90070 027 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036971

1. Entity Name

FUTURE BEAUTY DESIGN, INC.

Principal Place of Business: 5500 NW 114th Ave # 206, Miami, Fl. 33178

Mailing Address: SAME

C0097845

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3713 SW 153 Court
Suite, Apt. #, etc.
City & State: Miami, Fl. 33185
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 65-0914201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARA ROZO
5500 NW 114th Avenue
Suite 206
Miami, Fl. 33178

7. Name and Address of New Registered Agent

Name: CLARA L. ROZO
Street Address (P.O. Box Number is Not Acceptable): 3713 SW 153 Court
City: Miami FL Zip Code: 33185

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) XX

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARA L. ROZO 3713 SW 153 Court Miami, Fl. 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #