

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 31, 2001 8:00 am
Secretary of State

05-07-2001 90063 035 ***150.00

DOCUMENT # P99000059479
 1. Entity Name BAND M BEAUTY SUPPLY, INC

Principal Place of Business B & M BEAUTY SUPPLY INC
1686 NE 123rd St NORTH MIAMI
FLA 33181

2. Principal Place of Business 90 NE 132 TERR

Suite, Apt. #, etc. NORTH MIAMI

City & State FLA

Zip 33161 Country DADE

47540
 DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932933 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SPiegel & UTRERA P.A.
PO Box ~~144479~~ 343 Almeria Ave
CORAL Gables FL 33114-4479

7. Name and Address of New Registered Agent
 Name SPiegel & UTRERA P.A.
 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
 City CORAL Gables FL Zip Code 33134

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE <u>President</u> <input type="checkbox"/> Delete	NAME <u>Robert Quidley</u>
STREET ADDRESS <u>90 NE 132 TERR NORTH MIAMI FL 33161</u>	CITY-ST-ZIP <u>MIAMI FL 33161</u>
TITLE <u>Vice President</u> <input type="checkbox"/> Delete	NAME <u>Emilia Quidley</u>
STREET ADDRESS <u>90 NE 132 TERR NORTH MIAMI FL 33161</u>	CITY-ST-ZIP <u>MIAMI FL 33161</u>
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	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: Quidley 4/26/01 305-899-0041
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)