

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0259197 AV

DOCUMENT # **P99000059479**

1. Entity Name
B AND M BEAUTY SUPPLY, INC.

04-11-2002 90713 022 ***150.00

Principal Place of Business
**1686 NE 123RD ST.
 N. MIAMI FL 33181**

Mailing Address
**90 NORTHEAST 132ND TERRACE
 NORTH MIAMI FL 33161**



2. Principal Place of Business
1686 NE 123 St

3. Mailing Address
90 NE 132 TERR

DO NOT WRITE IN THIS SPACE

City & State
North Miami **North Miami**

City & State
North Miami

4. FEI Number **65-0932933** Applied For Not Applicable

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

Zip **33181** Country **DADE** Zip **33161** Country **DADE**

6. Name and Address of Current Registered Agent
**SPiegel & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 *Quindley* DATE 4/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUIDLEY, ROBERT A 90 NORTHEAST 132ND TERRACE NORTH MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD QUIDLEY, EMILIA P 90 NORTHEAST 132ND TERRACE NORTH MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Quindley ROBERT A 90 NE 132ND TERRACE NORTH MIAMI FL 33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Quindley EMILIA P 90 NE 132ND TERRACE NORTH MIAMI <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Quindley Robert A Quindley* DATE 4/4/02 305-899-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)