## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 31, 2000 8:00 am Secretary of State OCUMENT # P99000089968 Entity Name BEAUTY 2000, INC. 05-31-2000 90096 008 \*\*\*158.75 incipal Place of Business Mailing Address 913 S.W. 87TH AVE. : S.W. 87TH AVE. MIAMI FL 33174-3206 FL 33174 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0957397 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name سيانيان والمرادي والمادي والمادي QUINONES, MARIA E Street Address (P.O. Box Number is Not Acceptable) 913 S.W. 87TH AVE. **MIAMI FL 33174** City Zip Code 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. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS CR2E034 (9/99) ☐ Addition D ☐ Delete Change QUINONES, MARIA E -- кололеее STREET ADDRESS 913 S.W. 87TH AVE. CITY-ST-ZIP ST ZIP **MIAMI FL 33174** ☐ Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS armine see CITY-ST-ZIP ST ZIP ☐ Change Addition ☐ Delete TITLE NAME ADDOCCC STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS Manage CITY-ST-ZIP ST ZIP Addition ☐ Change ☐ Delete

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.

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

::GNATURE:

ST ZIP

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SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

E QUINDALS 04/30/00 266-55/)

☐ Change

☐ Addition