FILED
Jun 11, 2003 8:00 am
Secretary of State
06-02-2003 90203 001 ***150.00

6/2/

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66770

1. Entity Name
A. & A BEACH STYLE. INC

DO NOT WRITE IN THIS SPACE

55047551

2. Principal Place of Business
12608 FRONT BEACH RD
Suite, Apt. #, etc.
City & State
PANAMA CITY BEACH
Zip 32407 Country U.S.A.

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3128643
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name EDMUND D. QUINTANA. D. PA.
Street Address (P.O. Box Number is Not Acceptable)
201 4TH ST
City PANAMA CITY. FL Zip Code 32401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE EDMUND D. QUINTANA. D. PA. 201 4TH ST. PANAMA CITY. FL 4.26.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~January 1st - May 1st Fee is $150.00~~
~~After May 1st Fee is $500.00~~
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BENSADOUN ALBERT
STREET ADDRESS	16055 SIMS RD #102-C
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: BENSADOUN ALBERT. 4.26.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850 234 0725