

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000032417

**Entity Name:** BEAUTY PRO DISTRIBUTOR LLC**Current Principal Place of Business:**5455 N FEDERAL HWY  
SUITE O  
BOCA RATON, FL 33487**Current Mailing Address:**5455 N FEDERAL HWY  
SUITE O  
BOCA RATON, FL 33487 US**FEI Number:** 46-4917675**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FURMAN, ADAM  
5455 N FEDERAL HIGHWAY  
SUITE O  
BOCA RATON, FL 33487 US*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SAIBOT MEDIA INC.  
Address 5455 N FEDERAL HWY  
SUITE O  
City-State-Zip: BOCA RATON FL 33487

Title CO-CEO  
Name BEER, MATTHEW  
Address 31 HOWARD ST, 2ND FL  
City-State-Zip: NEW YORK NY 10013

Title CHAIRMAN  
Name WILSON, RUSS  
Address 550 S DIXIE HWY STE 300  
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VP  
Name HAPAK, FRANK  
Address 550 S DIXIE HWY STE 300  
City-State-Zip: CORAL GABLES FL 33146

Title CO-CEO  
Name BEER, ALEX  
Address 31 HOWARD ST, 2ND FL  
City-State-Zip: NEW YORK NY 10013

Title CFO  
Name MICHAIL, ALEX  
Address 31 HOWARD ST, 2ND FL  
City-State-Zip: NEW YORK NY 10013

Title EXECUTIVE VP  
Name WESTER, FOREST  
Address 550 S DIXIE HWY STE 300  
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VP, SECRETARY  
Name GERSHMAN, DAVID  
Address 550 S DIXIE HWY STE 300  
City-State-Zip: CORAL GABLES FL 33146

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELISA CALDERON**ASST. SECRETARY****09/18/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	ASST. SECRETARY
Name	CALDERON, MICHELSA
Address	550 S DIXIE HWY STE 300
City-State-Zip:	CORAL GABLES FL 33146