

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

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06-12-2003 90008 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000112222** 55052545

1. Entity Name  
**SOLUTION BARBER SHOP, INC.**

Principal Place of Business: 14089 W DIXIE HWY, MIAMI, FL 33161  
 Mailing Address: 14089 W DIXIE HWY, MIAMI, FL 33161

2. Principal Place of Business: **Miami, FL**  
 3. Mailing Address: **14089 W Dixie Hwy, Miami, FL**

4. Filing Number: **37-1446166**  CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired:  \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **MORROSSEAU, MARIE S, 10860 NE 11TH AVE, MIAMI, FL 33161**

7. Name and Address of New Registered Agent: **FL, 33161**

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 first in rank, and accept the original care of registered agent.

9. Election Campaign Financing:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>Vice President</b>	NAME: <b>FRANKLIN FRANKEL</b>	TITLE: <b>President</b>	NAME: <b>MORROSSEAU, MARIE S</b>
STREET ADDRESS: <b>1021 NE 180TH TERRACE</b>	CITY-STATE-ZIP: <b>MIAMI, FL 33162</b>	STREET ADDRESS: <b>10860 NE 11TH AVE</b>	CITY-STATE-ZIP: <b>MIAMI, FL 33161</b>
TITLE: <b>President</b>	NAME: <b>MORROSSEAU, MARIE S</b>	TITLE: <b>Solution Barber Shop</b>	NAME: <b>14089 W Dixie Hwy, Miami, FL 33161</b>
STREET ADDRESS: <b>10860 NE 11TH AVE</b>	CITY-STATE-ZIP: <b>MIAMI, FL 33161</b>	STREET ADDRESS: <b>14089 W Dixie Hwy</b>	CITY-STATE-ZIP: <b>MIAMI, FL 33161</b>
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12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 190.07(1)(3), Florida Statutes. I further certify that the information disclosed on this report or subsequent report is true and correct 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 appointed to prepare this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 10 or Block 11 of changes, or on an attachment to this report.

SIGNATURE: *[Signature]* **06-09-03**