

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J15469**

1. Entity Name

**POSH FOR HAIR, INC.**

Principal Place of Business

**271 S. OCEAN BLVD.  
MANALAPAN FL 33462**

Mailing Address

**271 S. OCEAN BLVD.  
MANALAPAN FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2694280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURLISON, EDYTHE**

**3610 S. OCEAN BLVD.**

**SOUTH PALM BEACH FL 33400**

Name

Street Address (P.O. Box Number is Not Acceptable)

**200004618952--6**

City

**-10/01/01-01094-011  
\*\*\*\*550.00L \*\*\*\*\$50.00**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**

**After September 12, 2001 Fee will be \$750.00  
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 **P** ☐ Delete  
NAME **RYDLAN, KUKHI**  
STREET ADDRESS **1302 LAKE AVE.**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **VP** ☐ Delete  
NAME **BURLISON, EDYTHE**  
STREET ADDRESS **3610 SOUTH OCEAN BLVD.**  
CITY-ST-ZIP **SOUTH PALM BEACH FL**

TITLE **S** ☐ Delete  
NAME **SALIA, PAM**  
STREET ADDRESS **401 BRAZILIAN AVE**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **S** ☐ Delete  
NAME **BURLISON, RICHARD**  
STREET ADDRESS **3555 S. OCEAN BLVD**  
CITY-ST-ZIP **SOUTH PALM BEACH FL 33400**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/01 582 4477

Daytime Phone #

0080482 AV

FILED

01 SEP 20 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CH2E034 (5/01)