

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000001585**

1. Entity Name

JUNE'S HAIR & BEAUTY CARE, LLC

Principal Place of Business

**14512 WEST DIXIE HIGHWAY
MIAMI FL 33161-3031**

Mailing Address

**14512 WEST DIXIE HIGHWAY
MIAMI FL 33161-3031**

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

65-1070512

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Elizabeth Tyndale 19526 W. Lake Dr. Miami, FL 33015	<input type="checkbox"/> Delete	Home
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/15/02 305-940-2705**FILED****03 FEB 12 AM 8:36****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)

James Hair & Beauty Care
14512 W. Dixie Hwy.
Miami, FL 33161

2-3-03

305-940-2705

FL Dept. of State
Division of Corp.
P.O. box 6327, Tallahassee
Florida 32314

Dear Sir/Madam,
Good day,

I have submitted and paid all the fees required
so please look into this matter, I have filled the
forms copies attached. Thanks.
Sincerely,
Elizabeth T. Tisdale