

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-27-2003 90010 004 \*\*\*\*50.00

**DOCUMENT # L02000004673**

1. Entity Name

**MONICA'S HAIR STYLISTS, LLC**



Principal Place of Business

**2841 E. COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33308**

Mailing Address

**2841 E. COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1096124**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LYNOTT, MICHAEL J ESQ.  
SUITE 1000-DADELAND CENTRE  
9155 SOUTH DADELAND BOULEVARD  
MIAMI FL 33156**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR**  
**NAME BROOKS, MONICA**  
**STREET ADDRESS 2841 E. COMMERCIAL BOULEVARD**  
**CITY-ST-ZIP FORT LAUDERDALE FL 33308**

☐ Delete

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

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10. ADDITIONS/CHANGES

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

☐ Change ☐ Addition

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**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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: *Monica Brooks***

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

**JAN - 30 - 03**

Date

**954-776-1161**

Daytime Phone #

CR2E083 (10/02)