

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90103 022 \*\*\*\*55.00

**DOCUMENT # L02000022494**

1. Entity Name

**MICHAEL ANTHONY'S HAIR & NAIL SALON, LLC**



Principal Place of Business

**5859 WEST ATLANTIC AVE. SUITE B5  
DELRAY BEACH FL 33484**

Mailing Address

**5859 WEST ATLANTIC AVE. SUITE B5  
DELRAY BEACH FL 33484**

**20014727**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**48 1285302**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HALPER, DEAN R ESQ.  
7431 W. ATLANTIC AVE. SUITE 49  
DELRAY BEACH FL 33446-3506**

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MBR** ☐ Delete  
NAME **PAULINE ~~SMITH~~ SECRETI**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MBR** ☐ Change ☒ Addition  
NAME **PAULINE ~~SMITH~~ SECRETI**  
STREET ADDRESS **13599 BARTON LAKE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)