

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

FILED

02 MAY 21 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000007469
1. Entity Name
Tylah's Healthy Haircare Spa, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
230 S. Cypress Rd.
Suite, Apt. #, etc. B

3. Mailing Address
1201 N.W. 9th TERR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, FL
City & State
Ft. Lauderdale, FL
Zip
33060 Country
USA Zip
33311 Country
USA

4. FEI Number
☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Debra M. Bethel
Street Address (P.O. Box Number is Not Acceptable)
1201 N.W. 9th TERRACE
City
Fort Lauderdale, FL Zip Code
33311

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 Debra M Bethel Debra M Bethel 4-30-02
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Debra M. Bethel
1201 N.W. 9th TERR
Ft. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300005651523--9
-05/30/02--01037--001
****158.75 ****158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Duncan A. Bethel
1201 N.W. 9th TERR
Ft. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Debra M Bethel Debra M. Bethel 4/30/02 (454) 462-8643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)