

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91114 012 ***150.00

DOCUMENT # P00000078812

1. Entity Name

THE FIRM UNISEX SALON & DAY SPA, P.A.

Principal Place of Business

**9940 JAMAICA DR
MIAMI FL 33189**

Mailing Address

**9940 JAMAICA DR
MIAMI FL 33189**

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

65-1043302

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

**WHITAKER, J. MICHELLE
9940 JAMAICA DR
MIAMI FL 33189**

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **WHITAKER, J. MICHELLE**
STREET ADDRESS **9940 JAMAICA DR**
CITY-ST-ZIP **MIAMI FL 33189**

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

TITLE **P** ☐ Delete
NAME **BURNES, ELANA**
STREET ADDRESS **21850 SW 118 AVE**
CITY-ST-ZIP **GOULDS FL 33170**

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

TITLE **ES** ☒ Delete
NAME **MERRITT, MICHELLE C**
STREET ADDRESS **7325 SW 152 ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **Detra Philon** ☒ Change ☐ Addition
NAME **13254 S.W. 265 St.**
STREET ADDRESS **HOMESTEAD FL 33032**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ROBINSON, ERICA**
STREET ADDRESS **10012 SW 223 TERR**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **T** ☒ Delete
NAME **VEARGAS, LAKEUSHA**
STREET ADDRESS **9305 SW 181 TERR**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DARREN PHILON** ☒ Change ☐ Addition
NAME **10360 S.W. 150 Terr**
STREET ADDRESS **Miami, FL 33176**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CAREY, CANDICE**
STREET ADDRESS **10341 SW 146 ST**
CITY-ST-ZIP **MIAMI FL 33176**

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

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, without other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 255-2478

CR2E034 (10/00)