

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90123 046 \*\*\*550.00

**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**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**MIAMI, FL**

**City & State**

**MIAMI, FL**

**Zip**

**Country**

**33157**

**Zip**

**Country**

**33157**

**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. I am familiar with, and accept the obligations of the registered agent.**

**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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**TITLE** ES ☐ Delete  
**NAME** PHILON, DETRA  
**STREET ADDRESS** 13254 SW 265 ST  
**CITY-ST-ZIP** HOMESTEAD FL 33032

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

**TITLE** T ☐ Delete  
**NAME** PHILON, DARREN  
**STREET ADDRESS** 10360 SW 150 TER  
**CITY-ST-ZIP** MIAMI FL 33176

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

**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, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (4/02)