

2004

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078812

1. Entity Name

THE FIRM UNISEX SALON &amp; DAY SPA, P.A. INC

205 253  
4833  
ATTN: ELANA BURNES

FILED

04 MAY -3 AM 9:39

WE DID NOT RECEIVE  
OUR FORM 2004.  
IF THERE IS A PROBLEM  
PLEASE CALL

Principal Place of Business

9940 JAMAICA DR  
MIAMI FL 33189

Mailing Address

9940 JAMAICA DR  
MIAMI FL 33189

2. Principal Place of Business

9827 S.W. 184th

3. Mailing Address

9827 S.W. 184th

DO NOT WRITE IN THIS SPACE

04

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

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

WHITAKER, J. MICHELLE  
9940 JAMAICA DR  
MIAMI FL 33189

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 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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, J. MICHELLE	
STREET ADDRESS	9940 JAMAICA DR	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURNES, ELANA	
STREET ADDRESS	21850 SW 118 AVE	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	ES	<input checked="" type="checkbox"/> Delete
NAME	PHILON, DETRA	
STREET ADDRESS	13254 SW 285 ST	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, ERICA	
STREET ADDRESS	10012 SW 223 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PHILON, DARREN	
STREET ADDRESS	10360 SW 150 TER	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAREY, CANDICE	
STREET ADDRESS	10341 SW 148 ST	
CITY-ST-ZIP	MIAMI FL 33176	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Registered Agent

4/29/04

Signature of Officer/Director