

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90452 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006572

1. Entity Name

KINGS AND QUEENS UNISEX HAIRSTYLES INC

DO NOT WRITE IN THIS SPACE

80125733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9731 SW 15th ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL
Zip
33025
Country
USA

City & State
Zip
Country

4. FEI Number
04-3610142

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
EDWARDS, DONOVAN
Street Address (P.O. Box Number is Not Acceptable)
9731 SW 15th ST

City
PEMBROKE PINES FL Zip Code
33025

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) ☐

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
PSTD
EDWARDS, DONOVAN
9731 SW 15th ST
PEMBROKE PINES, FL 33025

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 954 258-4103

Date

Daytime Phone #