

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90258 043 ***150.00

DOCUMENT # P01000057952

1. Entity Name
BIG TYME BARBER SHOP, INC.



Principal Place of Business
6101 JOHNSON STREET
6101-6103
HOLLYWOOD FL 33024
US

Mailing Address
6101 JOHNSON STREET
6101-6103
HOLLYWOOD FL 33024
US

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 **65-1125620**

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

LANGE, BRYAN
6101 JOHNSON STREET
6101-6103
HOLLYWOOD FL 33024

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **LANGE, BRYAN**
STREET ADDRESS **7270 STIRLING ROAD APT #301**
CITY-ST-ZIP **DAVIE FL 33024**

TITLE **P** ☒ Change ☐ Addition
NAME **LANGE BRYAN**
STREET ADDRESS **7340 STIRLING ROAD #201**
CITY-ST-ZIP **DAVIE, FL. 33024**

TITLE **S** ☒ Delete
NAME **SABRERA, HANSI**
STREET ADDRESS **7270 STIRLING ROAD APT #301**
CITY-ST-ZIP **DAVIE FL 33024**

TITLE **S** ☒ Change ☐ Addition
NAME **SABRERA, HANSI**
STREET ADDRESS **7340 STIRLING ROAD #201**
CITY-ST-ZIP **DAVIE, FL. 33024**

TITLE **P** ☐ Delete
NAME **[Handwritten]**
STREET ADDRESS **[Handwritten]**
CITY-ST-ZIP **[Handwritten]**

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

TITLE **C** ☐ Delete
NAME **[Handwritten]**
STREET ADDRESS **[Handwritten]**
CITY-ST-ZIP **[Handwritten]**

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

TITLE ☐ Delete
NAME **[Handwritten]**
STREET ADDRESS **[Handwritten]**
CITY-ST-ZIP **[Handwritten]**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **[Handwritten]**
CITY-ST-ZIP **[Handwritten]**

TITLE ☐ Delete
NAME **[Handwritten]**
STREET ADDRESS **[Handwritten]**
CITY-ST-ZIP **[Handwritten]**

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

12. 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 10 or Block 11 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

2-8-03

Date

Daytime Phone #

CR2E034 (10/02)