

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90193 010 \*\*\*150.00

- 37911



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000067445**  
 1. Entity Name  
**NAOMIE UNISEX SALON & BARBER SHOP, INC.**

Principal Place of Business <b>4087 N ANDREWS AVENUE FORT LAUDERDALE FL 33309</b>	Mailing Address <b>4087 N ANDREWS AVENUE FORT LAUDERDALE FL 33309</b>
--	--

2. Principal Place of Business <i>NAOMIE UNISEX SALON &amp; BARBER SHOP, INC.</i>	3. Mailing Address <i>4087 N ANDREWS AVENUE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Fort Laud. Florida</i>	City & State <i>Florida</i>
Zip <i>33309</i>	Country <i>Florida</i>

4. FEI Number <i>65 1119538</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JEAN-GILLES, GARDINE**  
**3132 OAKLAND SHORES DRIVE, D106**  
**FT. LAUDERDALE FL 33309**

**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 registered agent.

SIGNATURE \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEAN-GILLES, GARDINE</b> <b>3132 OAKLAND SHORES DRIVE, D106</b> <b>FORT LAUDERDALE FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

**SIGNATURE:** *Gardine Jean Gilles*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/02)

Attachment 37911

# P01000067445

I THIS IS FOR ALEX RECORD SHOP  
AND NAOMIE UNISEX SALON AND  
BARBER SHOP I SEND TWO CHECK TO  
YOU ONE CHECK FOR ALEX RECORD  
SHOP 150 AND /ONE CHECK FOR  
NAOMIE UNISEX SALON AND BARBER  
SHOP 150 LE 4/24/02 THANK YOU  
AND GOG BLESS YOU ALL

