

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-20-2003 90120 005 ***150.00

DOCUMENT # P01000067445

1. Entity Name

NAOMIE UNISEX SALON & BARBER SHOP, INC.



Principal Place of Business

4087 N ANDREWS AVENUE
FORT LAUDERDALE FL 33309

Mailing Address

4087 N ANDREWS AVENUE
FORT LAUDERDALE FL 33309

2. Principal Place of Business

4087 N ANDREWS AVENUE

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip

33309

Country

United States

3. Mailing Address

4087 N ANDREWS AVENUE

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip

33309

Country

United States



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1119538

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

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

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

Gerdine Jean Gilles

(Signature, typed or printed name of registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when reinstating)

3/18/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME P D
STREET ADDRESS 3123 OAKLAND SHORES DRIVE, D106
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☒ Delete
NAME P
STREET ADDRESS Gerdine Jean Gilles
CITY-ST-ZIP NAOMIE UNISEX SALON & BARBER SHOP, INC.
4087 N. ANDREWS AVENUE
FT. LAUDERDALE FLORIDA 33309

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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:

Gerdine Jean Gilles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03
Date Daytime Phone #

CR2E034 (10/02)