

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000640054

1. Entity Name IT'S YO'R HAIR INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3840 N. University Suite, Apt. #, etc. City & State Sunrise, Florida Zip 33351 Country USA	3. Mailing Address 3840 N. University Suite, Apt. #, etc. City & State Sunrise, Florida Zip 33351 Country USA
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4. FEI Number 03-0420962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Lith Liverpool	Street Address (P.O. Box Number is not acceptable) 8428 W. Oakland Park Blvd Sunrise City FL Zip Code 33351

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

Lith Liverpool

Accountant

526.03

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

(NOTE: Registered agent must be a resident of Florida or a corporation organized under the laws of the State of Florida.)

DATE

January 1 - May 1 Fee is \$160.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP President Barbara Nixon 2471 NW 55th Ave. Lauderhill, FL 33313	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered

SIGNATURE:

Barbara Nixon