

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90025 007 \*\*\*150.00

**DOCUMENT # P02000123332**  
 1. Entity Name  
**UPPER CUTS BARBER & BEAUTY SALON, INC.**



Principal Place of Business      Mailing Address  
 11502 N NEBRASKA AVE      11502 N NEBRASKA AVE  
 110      TAMPA FL 33605  
 TAMPA FL 33605

24001111



MOORE CR2E034 (4/04)

2. Principal Place of Business      3. Mailing Address  
*UPPERCUTS Beauty & Barber Salon*      *11502 N Nebraska Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*110*

City & State      City & State  
*F.L.*

4. FEI Number      Applied For  
**16-1641627**      Not Applicable

Zip      Country      Zip      Country  
*33612*      *USA*

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**LINDO, MARVIN**  
 11502 N NEBRASKA AVE  
 TAMPA FL 33605

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*11502 N Nebraska Ave*  
 City      State      Zip Code  
*TAMPA FL 33612*

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 *Marvin Lindo*      DATE *8-18-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LINDO, MARVIN<br>11502 N NEBRASKA AVE<br>TAMPA FL 33612 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Marvin Lindo*      Date *8-18-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

Attachment

24081144

# P02000123332

**UPPER CUTS BEAUTY/BARBER SHOP**

**"THE BEST IN HAIR CARE"**  
11502 N. Nebraska Avenue, Tampa  
Marvin Lindo, Owner

August 18, 2004

Department of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee Fl 32314

To Whom It May Concern:

Attached is the completed 2004 Profit Corporation Annual Report. Per my phone conversation with Ms. Williams, this letter acknowledges that we did not receive the annual report form for 2004. We request a waiver of the \$400.00 fee since we did not received the form.

Should you have any questions, please call (813) 910-7762.

Sincerely,



Marvin Lindo  
Owner