

FILED
May 23, 2003 8:00 am
Secretary of State

05-01-2003 90827 032 ***150.00

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

DOCUMENT # P02000123332

1. Entity Name

UPPER CUTS BARBER & BEAUTY SALON, INC.



Principal Place of Business

11502 N NEBRASKA AVE
TAMPA FL 33605 33612

Mailing Address

11502 N NEBRASKA AVE
TAMPA FL 33605 33612

2. Principal Place of Business

11502 N NEBRASKA AVE
Suite, Apt. #, etc.

Tampa 110

City & State

Tampa FL

Zip

33612

Country

3. Mailing Address

11502 N NEBRASKA AVE

Suite, Apt. #, etc.

Tampa FL

City & State

Tampa FL

Zip

33612

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-1641627

Applied For

Not Applicable

5. Certificate of Status Des red

☐

\$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)

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

Marvin Lindo

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4-24-03

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

TITLE DP
NAME LINDO, MARVIN
STREET ADDRESS 11502 N NEBRASKA AVE
CITY-ST-ZIP TAMPA FL 33605 33612

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marvin Lindo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

813 910-7762

Daytime Phone

CR2E034 (10/02)