

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

3. Mailing Address
11502 N NEBRASKA AVE
 Suite, Apt. #, etc.
Tampa FL
 City & State
Tampa FL

Zip
33612 Country

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 DATE 4-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LINDO, MARVIN 11502 N NEBRASKA AVE TAMPA FL 33605 33612	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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
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TITLE NAME STREET ADDRESS 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 4-24-03 DAYTIME PHONE # 813 910-7762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)