

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

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90002 034 \*\*\*150.00

<b>DOCUMENT #</b> P03000079929
<b>1. Entity Name</b>
Clean Cuts Barber & Beauty Shop, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2660 N. University Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3146 NW 68th Street Suite, Apt. #, etc. Ste No.1	
<b>City &amp; State</b> Sunrise, Florida		<b>City &amp; State</b> Fort Lauderdale, Florida	
<b>Zip</b> 33351	<b>Country</b> USA	<b>Zip</b> 33309-1206	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Mr. Melvin Dale	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> c/o Clifton H. Rodriguez, CPA, PA	
	<b>3146 NW 68th Street</b>	
	<b>City</b> Fort Lauderdale	<b>Zip Code</b> 33309-1206

**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** Melvin Dale **Melvin B. Dale** **2/25/2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Chairperson, Board of Directors/CEO Melvin B. Dale 6487 Stonelake Place Atlanta, Georgia 30331	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Board Advisor/Ex-officio member Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street, Suite No.1 Fort Lauderdale, Florida 33309-1206	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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:** Melvin Dale **Melvin B. Dale, CEO/President** **3/31/2007** **(954) 868-8593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #