FILED
May 20, 2005 8:00 am
Secretary of State
05-20-2005 90033 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P96000047636

1. Entity Name: IN-STYLE HAIR DESIGN

DO NOT WRITE IN THIS SPACE

40000-

2. Principal Place of Business	3. Mailing Address
6953 MIRAMAR	6953 MIRAMAR
Suite, Apt. #, etc.: PARK-WAY	Suite, Apt. #, etc.: PARK-WAY
City & State: MIRAMAR - FLORIDA	City & State: MIRAMAR - FLORIDA
Zip: 33023 Country: U.S.A	Zip: 33023 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 591-64-5366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current 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: [signature] KELVIN DUBOIS . OWNER. PRESIDENT 03-16-05

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER, PRESIDENT KELVIN DUBOIS 6624 EVERGREEN DRIVE MIRAMAR FLORIDA 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 will be attached with an address, with all other like empowered.

SIGNATURE: [signature] KELVIN DUBOIS 03-16-05 954-966-4471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR