

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000048802** ✓

1. Entity Name  
**UP-A-Kut  
UNISEX Solon**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**  
06-07-2000 90005 038 \*\*\*150.00

Principal Place of Business  
**UP-A-Kut  
UNISEX Solon**

Mailing Address  
**3411 W. DAKLAND  
PK Blvd  
Ft. Laud FL 33311**

2. Principal Place of Business  
**3411 W. DAKLAND PK Blvd**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Ft. Lauderdale, FL**

City & State  
City & State

Zip  
**33311**

Country  
**BROWARD**

4. FEI Number  
**65-0666821**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Lola R. TAYLOR  
3335 PINELAKE DR. N #202  
Margate FL 33063**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Lola R. TAYLOR	3335 PINELAKE DR. N #202	Margate, FL 33063	<input type="checkbox"/>
Vice President	ETAN TAYLOR	7941 BELMONT BLVD	Margate, FL 33063	<input type="checkbox"/>
Secretary/Treasurer	Jacquel Taylor	3121 N.W. 72 Ave	Margate, FL 33063	<input type="checkbox"/>
Resident Manager	Grossett Taylor	2029 N.W. 46 Ave	Lauderhill FL 33313	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lola R. Taylor** **5/11/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)