

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

FILED

03 JAN 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093049

1. Entity Name

SAVVY'S SALON, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8610 State Road 84

Suite, Apt. #, etc.

3. Mailing Address

1442 N.W. 132nd Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL

City & State
PEMBROKE PINES, FL

4. FEI Number
65-0795043

Applied For
Not Applicable

Zip
33324

Country

Zip
33028

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
DESIREE McCLUSKEY

Street Address (P.O. Box Number is Not Acceptable)
1442 N.W. 132nd Avenue

City
PEMBROKE PINES

FL

Zip Code
33028

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]

01/20/2003

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/V/T/S/D
Desiree McCluskey
1442 N.W. 132nd Avenue
Pembroke Pines, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000011158070
01/29/03--01024--002 **158.75

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2003

Date

954-370-3371

Daytime Phone #

CR2E034B (12/02)