

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90016 021 ***150.00

DOCUMENT # P98000024596
1. Entity Name Kwame Beauty & Barber Shop

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1030 NE 215 Street
Suite, Apt. #, etc.
3. Mailing Address 1030 NE 215 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State North Miami
Zip 33179 Country Dade
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Zip 33179 Country Dade

4. FEI Number 65-0225634 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 Moyston Henry
Street Address (P.O. Box Number is Not Acceptable) 1030 NE 215th Street
City N. Miami FL Zip Code 33179

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] DATE 3/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President Moyston Henry 1030 NE 215th Street North Miami, FL 33179</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Roy Edwards 7701 Roosevelt Street Hollywood, FL 33021</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 3/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)