

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90204 033 \*\*\*150.00

DOCUMENT # **p980000 69378**

1. Entity Name

**Creative Hair Design & Day Spa, Inc.**



**DO NOT WRITE IN THIS SPACE**

**70042218**

2. Principal Place of Business

**18221 SW 60th St.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ft. Lauderdale**

City & State

4. FEI Number

**65-0859475**

Applied For

Not Applicable

Zip **33331**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Christopher Milmo**

Street Address (P.O. Box Number is Not Acceptable)

**18221 SW 60th St.**

City

**Ft. Lauderdale,**

**FL**

Zip Code

**33331**

**DO NOT WRITE  
IN THIS SPACE**

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, 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	<b>Christopher Milmo</b> <b>18221 SW 60th Street</b> <b>Ft. Lauderdale, FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lori Milmo</b> <b>18221 SW 60th Street</b> <b>Ft. Lauderdale, FL 33331</b>
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-03**

Date

**954 252-5057**  
**473**

Daytime Phone #

CR2E034B (12/02)



70042218  
P98000069378

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 1, 2003

CREATIVE HAIR DESIGN OF DAVIE, INC.  
18221 SW 60TH STREET  
FT LAUDERDALE, FL 33331

SUBJECT: CREATIVE HAIR DESIGN OF DAVIE, INC.  
Ref. Number: P98000069378

We have received your document for CREATIVE HAIR DESIGN OF DAVIE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 103A00019578