

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000050191

**Entity Name:** FLORIDA BARBER ACADEMY, INC.

**Current Principal Place of Business:**

51 N STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

501 E. KENNEDY BLVD  
STE 801  
TAMPA, FL 33602 US

**FEI Number:** 65-0934877

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LICKER, DOUGLAS  
501 E. KENNEDY BLVD  
STE 801  
TAMPA, FL 33602 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MARTIN, ALLAN S  
Address 801 S DELAWARE AVE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name HAMILTON, JAMES S  
Address 501 E KENNEDY BLVD STE 801  
City-State-Zip: TAMPA FL 33602

Title PRESIDENT  
Name MIRANDA, MARYOLAINE  
Address 51 N STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name MARTIN, GEORGE  
Address 501 E KENNEDY BLVD STE 801  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name LICKER, DOUGLAS  
Address 501 E KENNEDY BLVD STE 801  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLAN MARTIN

**DIRECTOR**

**03/21/2018**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date