## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000102794

TRIEU, TUAN MINA

SARASOTA, FL 34238

4500 WINNERS CIRCLE, UNIT 2123

Name:

Address:

City-St-Zip:

Entity Name: NAILS & SKIN CARE ACADEMY, INC.

FILED Mar 14, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4500 WINNERS CIRCLE, UNIT 2123				4500 WINNERS CIRCLE		
SARASOT	A, FL 34238			2123 SARASOT.	A, FL 34238	}
Current Mailing Address:				New Mailing Address:		
4500 WINNERS CIRCLE, UNIT 2123 SARASOTA, FL 34238				4500 WINNERS CIRCLE 2123 SARASOTA, FL 34238		
FEI Number	:	FEI Number Applied For()	FEI Nur	nber Not Appl	,	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BUI, LYNDA TUYET 4500 WINNERS CIRCLE, UNIT 2123 SARASOTA, FL 34238				BUI, LYNDA TUYET 4500 WINNERS CIRCLE 2123 SARASOTA, FL 34238		
	named entity e of Florida.	submits this statement for the p	ourpose c	of changing i	ts registered	office or registered agent, or both,
SIGNATURE: LYNDA TUYET BUI				03/14/2003		
	Electror	nic Signature of Registered Ago	ent			Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BUI, LYNDA TU	S CIRCLE, UNIT 2123		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( BUI, JOHN XUA 9931 55TH STI PINELLAS PAR	REET NORTH		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( UONG, TUYET- 9931 55TH STI PINELLAS PAR	REET NORTH		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition
Title:	D (	) Delete		Title:	D (	(X) Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

TRIEU, TUAN MINH

SARASOTA, FL 34238

4500 WINNERS CIRCLE, UNIT 2123

SIGNATURE: LYNDA TUYET BUI D 03/14/2003