

617099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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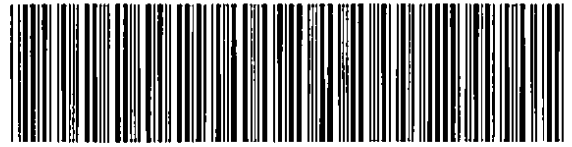
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Nailtiques Cosmetic Corp

Name of Corporation

**DOCUMENT NUMBER:** 617099

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beth Evans

Name of Contact Person

Nailtiques Cosmetic Corp

Firm/Company

1900 S Harbor City Blvd Suite 328

Address

Melbourne, FL 32901

City/State and Zip Code

beth@nailtiques.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Evans

Name of Contact Person

at ( 305 ) 425-1122

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

Nailtiques Cosmetic Corp.

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

617099

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct the mysterious removal of DIANE HAMMOND's name from reco  
(Document Type Being Corrected)

filed with the Department of State on N/A  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

For unknown reasons, DIANE HAMMOND's name no longer appears on record.

Diane Hammond is the President of Nailtiques Cosmetic Corp.

Beth Evans is the Vice President.

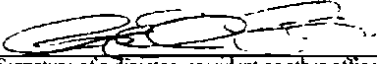
The last time Diane's name appeared was on the annual report in 2020.

No changes were requested by anyone on behalf of Nailtiques Cosmetic Corp.

Correct the inaccuracy, incorrect statement, or defect:

Kindly replace the unapproved removal of DIANE HAMMOND (President of Nailtiques Cosmetic Corp.)

1900 S Harbor City Blvd Melbourne, FL 32901

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Beth Evans

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 617099

**Entity Name:** NAILTIQUES COSMETIC CORP.

**Current Principal Place of Business:**

6780 SW 81ST TERRACE  
MIAMI, FL 33143

**Current Mailing Address:**

PO BOX 140670  
CORAL GABLES, FL 33114-0670 US

**FEI Number:** 59-1897694

**Certificate of Status Desired:** Yes

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

EVANS, BETH  
1825 PONCE DE LEON BLVD  
SUITE 74  
CORAL GABLES, FL 33134-4418 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:** BETH EVANS

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HAMMOND, DIANE  
Address 1825 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134-4418

Title VST  
Name EVANS, BETH  
Address 1825 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134-4418

*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:** BETH EVANS

VP

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 617099

**Entity Name:** NAILTIQUES COSMETIC CORP.

**Current Principal Place of Business:**

1900 S HARBOR CITY BLVD  
MELBOURNE, FL 32901

**Current Mailing Address:**

1900 S HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

**FEI Number:** 59-1897694

**Certificate of Status Desired:** No

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

EVANS, BETH  
1900 S HARBOR CITY BLVD  
MELBOURNE, FL 32901 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:** BETH EVANS

01/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VST  
Name EVANS, BETH  
Address 1900 S HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32901

?

*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:** BETH EVANS

NAILTIQUES

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date