2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52084

CITY-ST-ZIP

DOCUMENT # F52084 1. Entity Name DAISY NAILS & LASHES, INC.						Feb 25, 2000 8:00 am Secretary of State			
Principal Place of Business Mailing Address									
615 E HALLANDALE BEACH BLVD. HALLANDALE FL 33009-1421		615 E HALLANDALE BEACH BLVD. HALLANDALE FL 33009-4421							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN T	HIS SPACE		
City & State		City & State		4. F	4. FEI Number 59-2162102		Applied For Not Applicable		
Zip Country		Zip	Cour	Country		Certificate of Status Desired	\$8.75 Fee Re	Additional quired	
6. Name and Address of Current Registered Agent					7. N	lame and Address of New Registe	red Agent		
PATINO, DAISY 5560 EASTE OAK CIRCLE				Name Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)			
	LYWOOD FL 33312							<u></u>	
				City			FL Zip	Code	
			NOW!!! FEE Y 1, 2000 Fee	will be \$550.0	0	nstating) D 10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May	
11.	OFFICERS AN	D DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 11	-+
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PATINO, DAISY 5560 ESTATE OAK CIRCLE HOLLYWOOD FL 33312	Del	ete Titl Nan Str	.É			☐ Cha		ddition
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TITLE NAME STREET ADDRESS		☐ Del	NAM	1			☐ Cha	inge 🗌 Ad	dition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:**

CITY-ST-ZIP