

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

FILED

DOCUMENT # P00000006686

1. Entity Name

European Nails, Inc.

02 MAY 28 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1798 NW 40th Street

Suite, Apt. #, etc.

3. Mailing Address

1798 NW 40th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oakland Park, FL

Zip

33309

Country

USA

City & State

Oakland Park, FL

Zip

33309

Country

USA

4. FEI Number

65-0976469

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Johannes T. Roof

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

1798 NW 40th Street

City

Oakland Park,

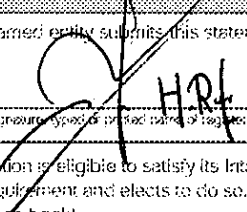
FL

Zip Code  
33309

**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

SIGNATURE

 H.R.T.

Johannes T. Roof President

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$500.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D/VP	TITLE	
NAME	Johannes T. Roof	NAME	
STREET ADDRESS	1798 NW 40th Street	STREET ADDRESS	
CITY - ST - ZIP	Oakland Park, FL 33309	CITY - ST - ZIP	
TITLE	S/T/D	TITLE	
NAME	Odette Walraven	NAME	
STREET ADDRESS	1798 NW 40th Street	STREET ADDRESS	
CITY - ST - ZIP	Oakland Park, FL 33309	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	201.25 - AR	TITLE	
NAME	10.00 - ARARTS	NAME	
STREET ADDRESS	88.75 - ARSLRP	STREET ADDRESS	
CITY - ST - ZIP	8.75 - Cut	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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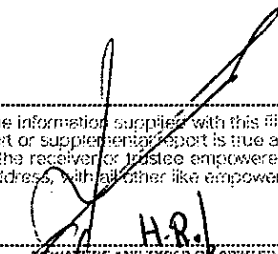
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\*\*\*308.75 \*\*\*308.75

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 H.R.T.

Johannes T. Roof President

5/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Register Phone #

European Nails, Inc.  
1798 NW 40<sup>th</sup> Street  
Oakland Park, Florida 33309

May 8, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500 Tallahassee, FL 32302-15000

Dear Department of State,

It has recently come to my attention that European Nails, Inc. has been dissolved. Please accept my check for \$308.75 to reinstate it. Due to several moves, I did not receive any of the Corporation reports, and as such was totally unaware there was a delinquency. Thank you for your assistance in this matter.

Sincerely,

  
H.T.R.  
Johannes T. Roof  
President