FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State
03-31-2002 90328 012 ***150.00

DOCUMENT # P00000093928

1. Entity Name
LE'S NAILS INC

DO NOT WRITE IN THIS SPACE

41566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2442 SHERIDAN ST		2442 SHERIDAN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOLLYWOOD, FL		City & State: HOLLYWOOD, FL	
Zip: 33020	Country: USA	Zip: 33020	Country: USA

4. FEI Number 65-1050081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TY TRIEU LY
Street Address (P.O. Box Number is Not Acceptable): 5601 HOOD ST
City: HOLLYWOOD FL Zip Code: 33021

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 [signature] 08/14/2002
Signature, typed or printed name of registered agent and title if applicable. (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 $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TY TRIEU LY 5601 HOOD ST ~~HOLLYWOOD, FL. 33021~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRETOR THUY LE THI VO 5601 HOOD ST HOLLYWOOD, FL. 33021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] TY TRIEU LY 08/14/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Attachments

41566

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 6, 2002

LE"S NAILS, INC.
2442 SHERIDAN STREET
HOLLYWOOD, FL 33020

Subject: **LE"S NAILS, INC.**

Reference Number: **P00000093928**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.
]
TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/NS
ANNUAL REPORTS SECTION

8/14/2002

Dear Madam,
As I call you on 8/13/02 at 2.10 pm.
You only need correct on the Box 7 of
UBR. Then mail with this letter.

Thank you
Respectfully yours. Ly's Friend
Carlos.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314