2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000095843 1. Entity Name MARIA'S NAIL STUDIO, INC.				Jul 20, 2001 8:00 am Secretary of State 07-20-2001 90007 042 ***158.75			
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Principal Place of Business Mailing Address 170f N.E. 59TH COURT 170f N.E. 59TH COURT							
FT. LAUDERO	DALE FL 33334	FT. LAUDERDALE FL 333	34 '	E EPHELPHE JEE HEILE HALLE AAND	i ar in aa nn sa nà iria rhias sana r		
2. Principal Place of Business 3010 North Mulitary Val. 3. Mailing Address							
Suite, Apt	#, etc. 200-36	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For Not Applied Sor		
⁷ 3343	Country	Zip	Country	5. Certificate of Status Desired	\$9.75	ditional	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of Nev	w Registered Agent		
GLAZER, MARIA							
1701 N.E. 59TH COURT				treet Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33334							
ž			City	FL Zip Code			
8. The above	e named entity submits this statement t	or the purpose of changing its	s registered office or registe	ered agent, or both, in the State of	Florida.		
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registered Agent signature require	d when reinstating)	DATE		
Tax filing requirement and elects to do so. After September 12, 200			!!! FEE IS \$550.00 2, 2001 Fee will be \$750 ble to Department of Sta	Littlet Fund Contribu	Ψ _ Ψ0.0	0 May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS	S IN 11	
TITLE NAME	PD GLAZER, MARIA	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP]	
TITLE NAME	STD Glazer, Douglas	☐ Delete	TITLE NAME		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	S 1701 N.E. 59TH COURT		STREET ADDRESS CITY-ST-ZIP			Ì	
TITLE		■ Delete - —	-TITLE		Change	Addition-	
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STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
of the cor	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that n owered to execute this report	ny signature shall have the : as required by Chapter 607	eame least effect so if made unde	ar aath: that I am an afficar i	or director	

Maria's Nail Studio, Inc. 100000095-843

Douglas Glazer 1701 NE 59th Court Ft Lauderdale, Florida 33334 BUVEU355

Wednesday, July 09, 2001

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

-Tallahassee, Florida 32302-1500

Dear Sir or Madam:

I just received this on Saturday July the 7th for the first time. The report was initially started in October of 2000. This is the first time I have seen this paperwork. Enclosed is \$158.75 for the business report and a certificate of status. If you have any questions please call me at 954-771-9499. Thank you for your attention.

Sincerely,

Douglas Glazer

CFO

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