

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90520 028 ***150.00

DOCUMENT # P00000105084

1. Entity Name
NAIL + BY MARIA, INC.

Principal Place of Business
385 TEQUESTA DRIVE #6
TEQUESTA FL 33469

Mailing Address
385 TEQUESTA DRIVE #6
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1057627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALASH, IN S
9081 SE DUNCAN STREET
HOBE SOUND FL 33455-6924

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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, 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BALASH, IN S**
 CITY-ST-ZIP **9081 SE DUNCAN STREET**
HOBE SOUND FL 33455-6924

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **GRINNELL, PAMELA**
 CITY-ST-ZIP **9081 SE DUNCAN STREET**
HOBE SOUND FL 33455-6924

TITLE ☐ Change ☐ Addition
 NAME **GRINNELL PAMELA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **GRINNELL, CORAL**
 CITY-ST-ZIP **9081 SE DUNCAN STREET**
HOBE SOUND FL 33455-6924

TITLE ☐ Change ☐ Addition
 NAME **GRINNELL CAROL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20.01

Date

Daytime Phone #

CR2E034 (10/00)