200	1 UNIFORM BUSI	NESS REPC)RT	(UBR	<i>i</i>)	·		<i>'%</i>
DOCUMENT# P00000115158						FILED		7
JULIA'S NAILS, INC						01 OCT 19 PM 5:37		
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
3015 NW 79TH ST FARMERS MARKET B-108 C-64		3015 NW 79TH ST FARMERS MARKET B-10	108 C-64	ı		TALLAHASSEE. 1 COMM.		
MIAMI FL		MIAMI FL			3	THE STATE OF THE S		
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			<i>*</i> 0		
Suite Apt.#, etc,		Suite. Apt. #. etc.	Suite. Apt. #. etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	ale	City & Stale			4.	FEI Number 65-1133983		pplied For lot Applicable
Zip	Country	Zip	Coun	ntry	5.	Cartificate of Status Desired \$8.7	75 Add Require	ditional
	6. Name and Address of Current I	Registered Agent	<u> </u>	<u></u>	7.	Name and Address of New Registered Agent		0
CAMBAI				Name		TAX HOUSE CORPORATION		
	.IO, EDISIO V. DIXIE HWY			Street Adr		Box Number is Not Acceptable) 3929 N FEDERAL HWY		
	V. DIXIE HWY II BEACH FL 33160			-		JJ23 IV I LUBING IIV.	•	
Program.	DEAGN FE SUIGS	1 (_	City POMPANO BEACH FL Zip			Zip Cod	^{de} 33064
8. The above	e named entity submits this statement for the	ne purpose of changing its egi	istered of			TO DEAGIT		3000
	- 1/2 I	Inn X			•			
SIGNATUR	Signature, transit or printed name of registered	d agerit and title if applicable.	(NOTE:Re	egistore Agent s		O GOMES - PRESIDENT ired when reinstating)	DATE	
9. This corp	poration is eligible to satisfy its Intangible			IS \$150.00		_		
Tax filing	requirement and elects to do so.	After MAY 1, 20	001 Fee	will be \$55	50.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
`	eria on back)	Make Check Payat						
11.	OFFICERS AND I	DIRECTORS Defete	12.		AL	ODITIONS /CHANGES TO OFFICERS AND DIRE		
NAME	JULIETA POLETO	► Delete	NAME			40000468623 -11/16/010110	4	
STREET ADDRESS	3015 NW 79TH ST FARMERS MARKET B-10	08 C-64	1			-11/16/U1U11U5 ****150.00 ***	5==0 4:#15/	d'on
CITY-\$T-ZIP	MIAMI FL 33141			CITY- ST- ZIP				
TITLE NAME		Delete	- 1	TITLE		i.i.	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS Y-ST-ZIP				
TITLE		Delete	TITLE	1			Change	Addition
NAME STREET ADDRESS			NAME STRE	ME EET ADDRESS				
CITY-ST-ZIP		<u> </u>		Y- ST- ZIP				
TITLE		Delete	TITLE	1			Change	Addition
NAME STREET ADDRESS			NAME STREE	AE EET ADDRESS				
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NAME STREET ADDRESS			NAME	1				
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TITLE		☐ Delete	TITLE				Change	Addition
NAME		_	NAME					_
STREET ADDRESS CITY-ST-ZIP			- 1	EET ADDRESS Y-ST-ZIP				
13. 1 hereby co indicated of the cor	ed on this report or supplemental report <u>is</u>	s true and accurate and that no owered to execute this report	r the exeπ my signat	mption stated ature shall hav	ve the same	1 19.07(3)(1), Florida Statutes. I further certify the a legal effect as if made under oath: that I am an ida Statutes, and that my name appears in Block	ı officer ı	or director
	TURE: Julieta		, <u> </u>	JULIE <u>T</u> #	POLET	TO PRESIDENT	786- 	554-7138
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FLORIDA DEPARTMENT OF STATE Division of Corporation 2001 Uniform Business Report (UBR) 409 East Gaines Street Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2001 P00000115158 JULIA'S NAILS, INC.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form in the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

Julieta Poleto - President JULIA'S NAILS, INC. 3015 NW 79TH ST. FARMERS MARKET B-108 C-64 MIAMI FL Phone (786) 554-7138