

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90034 008 ***150.00

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

DOCUMENT # **P01000008275**

1. Entity Name

LEE Nail Salon Corp.

DO NOT WRITE IN THIS SPACE

421593

2. Principal Place of Business

7904 CITRUS PARK TWN CTR

Suite, Apt. #, etc.

775

City & State

Tampa

Florida

Zip

33625

Country

Hillsborough

3. Mailing Address

7904 CITRUS PARK TWN CTR

Suite, Apt. #, etc.

775

City & State

Tampa

Florida

Zip

33625

Country

Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3695361

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **CYNTHIA DANG**

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

7904 CITRUS PARK TWN CTR MAIL

City **Tampa**

FL

Zip Code
33625

**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

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 \$81.25

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

**PRESIDENT
CYNTHIA DANG
7601 PINERY WAY #66
Tampa, FL 33615**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)