

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90132 016 \*\*\*150.00

**DOCUMENT # P01000015703**

**1. Entity Name**  
**BOCA NAILS, INC.**



**Principal Place of Business**  
**195 PATIO DE FUENTE**  
**BOCA RATON FL 33432**

**Mailing Address**  
**195 PATIO DE FUENTE**  
**BOCA RATON FL 33432**

**90012136**



**2. Principal Place of Business**

**286 Esplanade**  
**Suite, Apt. #, etc. 52C**

**3. Mailing Address**

**286 Esplanade**  
**Suite, Apt. #, etc. 52C**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**BOCA RATON**

**City & State**  
**BOCA RATON**

**4. FEI Number** **65-1080059**

**Applied For**  
**Not Applicable**

**Zip** **33432** **Country** **palm beach**

**Zip** **33432** **Country** **palm beach**

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

**6. Name and Address of Current Registered Agent**

**PHAM, LONG**  
**195 PATIO DE FUENTE**  
**BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

**Name** **PHAM LONG**  
**Street Address (P.O. Box Number is Not Acceptable)** **286 Esplanade, 52C**  
**City** **BOCA RATON** **FL** **Zip Code** **33432**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Signature, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when reinstating)**

**1/23/03**  
**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PHAM, LONG</b>	
<b>STREET ADDRESS</b>	<b>195 PATIO DE FUENTE</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33432</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PHAM, THANH VAN</b>	
<b>STREET ADDRESS</b>	<b>195 PATIO DE FUENTE</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33432</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>PHAM, LONG</b>	
<b>STREET ADDRESS</b>	<b>286 Esplanade</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33432</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>PHAM, THANH VAN</b>	
<b>STREET ADDRESS</b>	<b>286 Esplanade</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33432</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED** **PTD LONG PHAM 1/23/03 (56) 715 7742**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)