FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PO1000021732*

1. Entity Name

ORCHID NAILS & TAN, INC

DO NOT WRITE IN THIS SPACE

55040038

2. Principal Place of Business	**3.** Mailing Address
ORCHID NAILS &TAN INC	*TRONG NGUYEN*
Suite, Apt. #, etc. *182. N. Federal HWY.*	Suite, Apt. #, etc. *182 N. Federal HWY*
City & State *Deerfield Bch, FL*	City & State *Deerfield Bch, FL*
Zip *33441*	Country *U.S*	Zip *33441*	Country *U.S*

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4. FEI Number *65-1078227* — ☒ Applied For / ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name *TRONG NGUYEN*

Street Address (P.O. Box Number is Not Acceptable) *90 Magnolia Circle*

City *BOYNTON BCH.* FL Zip Code *33436*

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 *Trong Nguyen - President*   *4/18/03*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*	TITLE
NAME *TRONG NGUYEN*	NAME
STREET ADDRESS *182 N. Fed. HWY*	STREET ADDRESS
CITY-ST-ZIP *Deerfield Bch, FL 33441*	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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CITY-ST-ZIP	CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Trong Nguyen - President   5/7/03   (954)425-8007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #