

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047876

1. Entity Name  
NAILS BY CREATIVE, INC.

Principal Place of Business

3160 SW 13 STREET #2  
MIAMI FL 33145

Mailing Address

3160 SW 13 STREET #2  
MIAMI FL 33145

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

65-1129805

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

IZAQUIRRE, NIMIAN F  
3160 SW 13 STREET #2  
MIAMI FL 33145

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. 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)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PD  
NAME IZAQUIRRE, NIMIAN F  
STREET ADDRESS 3160 SW 13 STREET #2  
CITY-ST-ZIP MIAMI FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CABALLERIA, LOURDES Y  
STREET ADDRESS 3160 SW 13 STREET #2  
CITY-ST-ZIP MIAMI FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LUGO, CANDIDA M  
STREET ADDRESS 3160 SW 13 STREET #2  
CITY-ST-ZIP MIAMI FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BASULTO, ROSA M  
STREET ADDRESS 3160 SW 13 STREET #2  
CITY-ST-ZIP MIAMI FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/02 / 08/07/02  
Date Daytime Phone #

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

07-17-2002 90125 042 \*\*\*150.00

02-10-2002 90013 039 \*\*\*150.00

41128



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment PO1000047876

41128

To whom it may concern, 07/10/02

Please excuse this late payment of 2002 UBR. We did not receive the first notice that was mailed to us. I spoke to a representative earlier today and she said to send a letter along with \$150<sup>00</sup> payment. Thank you for your cooperation and understanding.

Regards,  
Kris My Creative, Inc.