## 2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

| 1. Entity N  | lame PUIUU   | 0049348   | •                              |                                      |                      | 07-1  | 3-2002 5                     | 90189 011                         | 330.00                      | ,              |
|--|--|---|--------------------------------|--------------------------------------|----------------------|---|------------------------------|-----------------------------------|-----------------------------|----------------|
| TRUE NAILS & FOOTSPA INCORPORATED  |  |   |                                |                                      |                      |   |                              |                                   |                             |                |
|  |  | - ··· <b></b>   | •                              |                                      |                      |   |                              |                                   |                             |                |
|  |  |   |                                |                                      |                      | - •   | $\sim$ $\sim$ 0              | ,                                 |                             |                |
| Principal Place of Business Mailing Address                                |  |   |                                |                                      |                      |   |                              |                                   | -                           |                |
| 10430 SW 216 ST ₱102 10430 SW 216 ST ₱102<br>MIAMI FL 33190 MIAMB FL 33190 |  |   |                                |                                      | 1                    |   |                              |                                   | _                           |                |
| MIOMI FL   | 33130 .  | MIAMI FL 33190  |                                |                                      |                      |   |                              |                                   |                             |                |
| ı  |  |   |                                |                                      |                      | 1 ( <b>01</b> ) 1 <b>00</b> 111 <b>00</b> 140 1100 <b>0</b> 1 | 18 <b>40</b> 18 18 18        | <b>af</b> in <b>a</b> vala aboo d | ine dedden agai ioda        | ı              |
| 2. Principa  | Place of Business 300 S.   | <del></del> :   |                                | $\dashv$                             |                      |   |                              |                                   |                             |                |
| Flaming to 300 S. Fla  |  |   |                                | 190 Rd                               |                      |   |                              |                                   | 1.2.5. 10.0 12.0            | ,              |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                                    |  |   |                                | <del></del>                          |                      | DO NOT WRITE IN THIS SPACE                                    |                              |                                   |                             |                |
| City & State   |  |   |                                |                                      | 1                    | 4. FEI Number Applied For                                     |                              |                                   |                             |                |
|  | broke Pines, Florida   | Pembroko  | Pines                          | Flori                                | " لما                | 65-1104834  |                              | <b>├</b> -}                       | Applied For<br>Not Applicab |                |
| <sup>Ζiρ</sup> 2 α   | 27 - Country<br>Brovard  | Zip   | Çour                           | ntry                                 | T                    | Certificate of Status Desire                                  | ы П                          | \$8.75                            |                             | "-             |
| <u> </u>   | 6. Name and Address of Current Re  | 33.02¶  | -15 <b>Υ</b>                   | oward                                |                      |   | بآر يجبب                     | Fee Requi                         |                             | <u>-</u>       |
| 14.  | and the second of the second o | Steroice Adelli   | , · · · ,                      | Name Asi                             |                      | Name and Address of Na  | w Register                   | red Agent                         |                             | -]             |
| DANG, JAMES  |  |   |                                | All                                  | er_                  | Nguyen  |                              |                                   |                             | _              |
| 10430 SW 218 ST #102   |  |   |                                | Sureet Addre                         | SS (P.U.             | Box Number is Not Accept                                      | able)                        |                                   |                             |                |
| MIAMI F  | L 33190  |   |                                | 729                                  | ກ                    | Stirling Pd   | #2                           | n 2                               |                             | 7              |
| بر   |  |   |                                | City                                 | 1:                   |   |                              | Zip Co                            | de                          | -              |
| 8. The above   | ve named entity submits this statement for that  | e purpose of changing its   | registere                      | ed office or regi                    | sterr d ac           | rent or both in the State of                                  | Floride L                    |                                   |                             | _              |
| the obig   | ations of registered agent.  |   | - Bioin                        | -                                    | aronca aş            | gent, or bout, in the state of                                | Fiorida. I                   | am ramıllar will                  | n, and accept               | ٠              |
| SIGNATURE  |  |   |                                |                                      |                      |   | 7/-                          | 1/02                              |                             |                |
|  | Signature, typed or printed name of registered agent and   | <del></del>   |                                | Agent signature requ                 | irad when r          | reinstating)  | DAT                          | TE .                              |                             | }              |
| 9. This corp   | poration is eligible to satisfy its Intangible producement and elects to do so.  | FILE NOW!   | ! FEE                          | IS \$550.00                          |                      | 10. Election Campaign   | Einenging                    | -                                 |                             | 7              |
| (See crite   | eria on back)  | After September 13<br>Make Check Payab  | , 2002 F<br>le to De           | ee will be \$7:<br>partment of 9     | 50.00<br>State       | Trust Fund Contribu   |                              |                                   | 00 May Be<br>d to Fees      | 1              |
| 11.  | OFFICERS AND DIE   |   | 12.                            |                                      | <u> </u>             | DOITIONS/CHANGES TO C   | EE/CERC A                    | ND DIRECTOR                       | 20 IV 44                    | 4              |
| TITLE  | President  | ☐ Delete  | TITLE                          |                                      |                      | STREET OF CHARGES TO C  | rricena A                    | Change                            | Addition                    | ଉ              |
| NAME<br>Street address   | 7280 String Rd #2  | Dang<br>102   | NAME                           |                                      |                      |   |                              | C.I.E.I.GC                        | Accinon                     | ₹<br>8         |
| CITY-ST-ZIP  | lak '' /   | 3024  |                                | T ADORESS<br>ST-21P                  |                      |   |                              |                                   |                             | CR2E034 (4/02) |
| TILE   | Vice President   | Defets  | TITLE                          | -                                    |                      | -   | -                            |                                   |                             | 吊              |
| NAME   | Allen Novaen   |   | NAME                           |                                      |                      |   |                              | ☐ Change                          | ☐ Addition                  | Ö              |
| STREET ADORESS<br>SITY-ST-ZIP  | 7180 Stirling Rd #203  | ****  |                                | ADDRESS                              |                      |   |                              |                                   |                             |                |
| ت حبيد   | Hollywood Provide 3  |   | CITY-S                         | ST-ZIP                               |                      | <del></del>   |                              | <u> </u>                          |                             | 1              |
| IAME   | Tu Njujen  | El Delete   | - TITLE<br>NAME                |                                      |                      |   |                              | - Change -                        | - Addition -                |                |
| TREET ADORESS<br>HTY-ST-ZIP  | 1 7280 Stirling Rd #20   | 3   | STREET                         | ADDRESS                              |                      |   |                              |                                   |                             | 1              |
| TILE   | Hollywood, Florida 33  | <u> </u>  | CITY-S                         | T-ZIP                                | <u>-</u>             |   |                              |                                   |                             |                |
| AME  | Treasurer Tuyen Nguyen 7280 Stirling Rd #20  | ☐ Delete  | ITTLE                          |                                      |                      |   |                              | Change                            | Addition                    | 1              |
| TREET ACCRESS  | 7290 Stiriting Rd #20  | 3 .   | NAME<br>STREET                 | ADDRESS                              |                      |   |                              |                                   |                             |                |
| TY-ST-ZIP  | Holiywood FLorida 3  | 33024   | CITY-S                         | T-ZIP                                |                      |   |                              |                                   | ĺ                           |                |
| TLE<br>AME   | ,  | ☐ Delete  | TITLE                          |                                      |                      |   |                              | ☐ Change                          | ☐ Addition                  | 1              |
| reet aodress !   |  |   | NAME                           | 1000100                              |                      |   |                              | _ •                               |                             | ĺ              |
| TY-ST-ZIP  |  |   | CITY-SI                        | ADDRESS<br>1-ZIP                     |                      |   |                              |                                   | 1                           | ĺ              |
| TLE  |  | ☐ Celete  | TITLE                          |                                      |                      |   |                              | Chann                             |                             |                |
| ME ,   |  | ,-  | NAME                           | 1                                    |                      |   |                              | Change                            | ☐ Addition                  |                |
| reet address<br>Ty-st-zip  |  |   |                                | ADDRESS                              |                      |   |                              |                                   | 1                           |                |
| L hereby o   | mailé a shara Ah a 1 da a shara a shar |   | CITY-ST                        | ,                                    |                      |   |                              |                                   |                             |                |
|  | ertify that the information supplied with this t   | illing does not qualify for th  | O AVAM                         | tion stated in C.                    |                      | 10 07(0)(I) FI  |                              |                                   |                             |                |
| indicated of the con   | ertify that the information supplied with this<br>on this report or supplemental report is true<br>poration or the receiver or trustee empowers<br>or on an attachment with an address, with a   | illing does not qualify for the<br>and accurate and that my<br>id to execute this recort as | exemp<br>signature<br>required | ition stated in Se<br>shall have the | ection 11<br>same le | 19.07(3)(i), Florida Statutes.<br>gal effect as if made under | I further ce<br>oath; that I | ertify that the int               | formation<br>or director    |                |

SIGNATURE: