

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90176 001 ***150.00

DOCUMENT # P01000049348

1. Entity Name
TRUE NAILS & FOOTSPA INCORPORATED



Principal Place of Business
300 S FLAMINGO RD
PEMBROKE PINES FL 33027

Mailing Address
300 S FLAMINGO RD
PEMBROKE PINES FL 33027



2. Principal Place of Business
300 S. Flamingo Rd
Suite, Apt. #, etc.

3. Mailing Address
300 S. Flamingo
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, Florida
Zip 33027 Country Broward

City & State
Pembroke Pines, Florida
Zip 33027 Country Broward

4. FEI Number 65-1104834

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

NGUYEN, ALLEN
7280 STIRLING RD #203
HOLLYWOOD FL 33024

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

(NOTE: Registered Agent signature required when reinstating)

1/7/03
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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DANG, JAMES | |
| STREET ADDRESS | 7280 STIRLING RD #203 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NGUYEN, ALLEN | |
| STREET ADDRESS | 7280 STIRLING RD #203 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | NGUYEN, TU | |
| STREET ADDRESS | 7280 STIRLING RD #203 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | NGUYEN, TUYEN | |
| STREET ADDRESS | 7280 STIRLING RD #203 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03
Date

954 447 6665
Daytime Phone #

CR2E034 (10/02)