

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

City & State

Pembroke Pines, Florida

4. FEI Number **65-1104834**

Applied For

Not Applicable

Zip

33027

Country

Broward

Zip

33027

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NGUYEN, ALLEN
7280 STIRLING RD #203
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

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

(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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DANG, JAMES**
CITY-ST-ZIP **7280 STIRLING RD #203
HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **NGUYEN, ALLEN**
CITY-ST-ZIP **7280 STIRLING RD #203
HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **NGUYEN, TU**
CITY-ST-ZIP **7280 STIRLING RD #203
HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NGUYEN, TUYEN**
CITY-ST-ZIP **7280 STIRLING RD #203
HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03
Date

954 447 6665
Daytime Phone #

CR2E034 (10/02)