

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90799 009 ***150.00

0110303R AV

DOCUMENT # P01000056909

1. Entity Name
THE NAILS CLUB, INC.

Principal Place of Business
2822 UNIVERSITY ACRES DR
ORLANDO FL 32817

Mailing Address
2822 UNIVERSITY ACRES DR
ORLANDO FL 32817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3050 ALAFAYA TRAIL
 Suite, Apt. #, etc.
1028

3. Mailing Address
3050 ALAFAYA TRAIL
 Suite, Apt. #, etc.
1028

City & State
OVIEDO FL

City & State
OVIEDO FL

4. FEI Number
59-3722261

Applied For
 Not Applicable

Zip Country
FL 32765 USA

Zip Country
FL 32765 USA

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

6. Name and Address of Current Registered Agent

TRAN, MICHELLE
2822 UNIVERSITY ACRES DR
ORLANDO FL 32817

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.

SIGNATURE *Michelle Tran*

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **PSD**
 NAME **TRAN, MICHELLE**
 STREET ADDRESS **2822 UNIVERSITY ACRES DR**
 CITY-ST-ZIP **ORLANDO FL 32817** ☐ Delete

TITLE **VT**
 NAME **VU, TAM C**
 STREET ADDRESS **2822 UNIVERSITY ACRES DR**
 CITY-ST-ZIP **ORLANDO FL 32817** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **SECRETARY**
 NAME **TIM NGUYEN**
 STREET ADDRESS **2822 UNIVERSITY ACRES DR**
 CITY-ST-ZIP **ORLANDO, FL 32817** ☐ Change ☒ Addition

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

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

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

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

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: *Michelle Tran*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 (407)
365-1666
 Date Daytime Phone #

CR2E034 (9/01)