FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90122 039 ***150.00

DOCUMENT # P01000059590

1. Entity Name

Nail City By L&J, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5179 S. University Dr.
Suite, Apt. #, etc.

3. Mailing Address
5179 S. University Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	Zip	Country
Davie, Fl	33328	USA

City & State	Zip	Country
Davie, Fl	33328	USA.

4. FEI Number
65-1113148
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Joseph B. Hagens
Street Address (P.O. Box Number is Not Acceptable)
5179 S. University Dr.
City: Davie FL Zip Code: 33328

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: Rosalinda M. Hagens. AGENT 04-09-02
(If changing registered agent, registered agent must sign) (If 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 Chapter 199, F.S. ✓

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Joseph B. Hagens.
STREET ADDRESS	Same as Above
CITY-ST-ZIP	
TITLE	VP
NAME	Rosalinda M. Hagens
STREET ADDRESS	Same as Above
CITY-ST-ZIP	
TITLE	Secretary
NAME	Rosalinda M. Hagens
STREET ADDRESS	Same as Above
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 attachments 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 on an attachment with an address, and I am designated to be empowered.

SIGNATURE: Rosalinda M Hagens. President 04-09-02 (954)4341318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #