2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066858

1. Entity Name

HEAVENLY NAILS, INC.



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90122 028 ***150.00

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S. Neme and Address of Current Registered Agent RAMIREZ, MAYRA 2250 W WOOLBRIGHT RD BOYNTON BEACH FL 33426 City City FL Zip Coole	City & State	e		City & State			4.		4. FEI Number 65-1127178				
RAMIREZ_MAYRA 2260 W WOOLBRIGHT RD BOYNTON BEACH FL 33426	Zip Country					try	5. (
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the second of the second state of the second st	CITY-ST-ZIP					CITY	-ST-ZIP		· •••••				
	12. I hereby	certify that the	information supplied with or supplied services	th this filing	does not qualify f	or the exe	mption stated in	Section	119.07(3)(i), Florida Statutes. I furthe	er certify	that the i	nformation or director	

2. 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:

SASUATARE XIII DED

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 (561) 734-0735