

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90130 009 ***150.00

DOCUMENT # P01000073440

1. Entity Name
SUE'S NAIL AND BEAUTY SALON CORP.

Principal Place of Business
**289 EAST PALMETTO PARK RD.
 BOCA RATON FL 33432**

Mailing Address
**289 EAST PALMETTO PARK RD.
 BOCA RATON FL 33432**

00140000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1126651

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**YI, SO Y
 2697 NORTH OCEAN BLVD.
 BOCA RATON FL 33431**

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, 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YI, SO Y 2697 NORTH OCEAN BLVD. BOCA RATON FL 33431	<input type="checkbox"/> Delete
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CR2E034 (4/02)

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: *SIGNATURE REQUIRED* **D.R.** **7-17-02** **561-750-3958**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Attachment
PO1000073440
B0129093

7-12-02

Division of Corporations
Uniform Business Reports
PO Box 1500
Tallahassee FL 32302-1500

Dear Sir or Madam,

I am writing on behalf of Mrs. Susan Yi, owner of SUE'S NAIL & Beauty Salon Corp. Regrettably Mrs. Yi does not have command of our language making it very difficult for her to speak or read and write. Unfortunately she also has serious problems with the systems of business reports and systems that are necessary in our business environment.

Sue's nails did not receive any prior notice regarding Form 2002. She received only the form that is due in September, advising that she was file along with a fee of \$50. dollars. Her accountant advised that the normal fee is \$150 and \$400-dollars are for late filing. Sue's is a new company having their first states in November of 2001.

I respectfully request that due to the circumstances outlined above that you accept the late filing with the regular fee and forgive the late file charges. Mrs. Yi is having a difficult time as are most small businesses to keep going. She would be most grateful for any consideration that you may extend to her.

We take the liberty of thanking you in advance for your consideration of our request.

Respectfully
Sue's Nail & Beauty Salon
Susan Yi
Susan Yi