

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90010 022 ***150.00

DOCUMENT # P01000101561

1. Entity Name

BALI NAIL SPA, INCORPORATED



Principal Place of Business

**3969 VAN DYKE ROAD
LUTZ FL 33558**

Mailing Address

**15417 MONTILLA LOOP
TAMPA FL 33625**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3750796**

Applied For

Not Applicable

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

**DANH, VIET-LUAN
15417 MONTILLA LOOP
TAMPA FL 33625**

Name **Lily Trac**

Street Address (P.O. Box Number is Not Acceptable)
15417 MONTILLA LOOP

City **TAMPA**

FL

Zip Code **33625**

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 filer, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 **DP** ☒ Delete
NAME **LUAN, DANH V**
STREET ADDRESS **2406 CHOBEE CT**
CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE **DV** ☐ Delete
NAME **TRAC, TRUDY**
STREET ADDRESS **2406 CHOBEE CT**
CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition
NAME **TRAC, LILY**
STREET ADDRESS **15417 MONTILLA LOOP**
CITY-ST-ZIP **TAMPA, FL 33625**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

01/28/04 (813) 908-3576

Attachment
#P 01000101561
44008829

IN THE CIRCUIT COURT OF THE _____ THIRTEENTH _____ JUDICIAL CIRCUIT,
IN AND FOR _____ HILLSBOROUGH _____ COUNTY, FLORIDA

Case No.: 03 - 14695

Division: C

IN RE: THE NAME CHANGE OF

TRUDY NGOC TRAC

Petitioner.

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

This cause came before the Court on {date} 10/28/03, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner is a bona fide resident of HILLSBOROUGH County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, TRUDY NGOC TRAC,
is changed to LILY NGOC TRAC, by which
Petitioner shall hereafter be known.

ORDERED ON 11-13-2003

Donald S. H.
CIRCUIT JUDGE

COPIES TO:
Petitioner

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT ON
FILE IN MY OFFICE. WITNESS MY HAND AND
OFFICIAL SEAL THIS 13 DAY OF NOV. 2003



RICHARD AKE, CLERK
BY R. Cavallero

The Sunshine State
LICENSE NUMBER
T620-534-76-790-0

LILY NGOC TRAC
16417 MONTILLA LOOP
TAMPA, FL 33626-2469

BIRTH DATE SEX HGT. REST. ENDORSE
08-10-78 F 5-05 A

ISSUED EXPIRES DUPLICATE
01-22-02 08-10-08 12-01-03

SAFE DRIVER
VALID IN FLORIDA ONLY

ORGAN DONOR
Operation of a motor vehicle constitutes consent to any sobriety test required by law.