


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90039 005 \*\*\*150.00

0062069 AV

<b>DOCUMENT #</b> P02000003629	
1. Entity Name <b>A + NAILS INC.</b>	

Principal Place of Business <b>10770 NW 66 ST #206 MIAMI FL 33178</b>	Mailing Address <b>10770 NW 66 ST #206 MIAMI FL 33178</b>
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2. Principal Place of Business <b>15506 NW 77 Ct. #390</b>	3. Mailing Address <b>15506 NW 77 Ct. #390</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI LAKES, FL</b>	City & State <b>FL, MIAMI LAKES</b>
Zip <b>33016</b>	Zip <b>33016</b>
Country <b>USA</b>	Country

4. FEI Number <b>30 00 18897</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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☒ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>
<b>RASSI, YAIDA</b>
<b>10770 NW 66 ST #206</b>
<b>MIAMI FL 33178</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 <i>Yaida Rassi</i>	DATE

<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RASSI, YAIDA 10770 NW 66 ST #206 MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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<b>SIGNATURE:</b> <i>Yaida Rassi</i>	<b>SIGNATURE REQUIRED</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #

CR2E034 (4/03)