## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## Mar 24, 2003 8:00 am Secretary of State P02000007758 **DOCUMENT #** 03-07-2003 90137 031 \*\*\*150.00 1. Entity Name **NEW YORK NAILS CORPORATION** Principal Place of Business Mailing Address 1356A STATE ROAD EAST 742 LADY DIANA DRIVE LAKE WALES FL 33853 DAVENPORT FL 33837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAN. XINGUAN Street Address (P.O. Box Number is Not Acceptable) 742 LADY DIANA DRIVE DAVENPORT FL 33837 City 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 fame of registered agent and title if applicab (NOTE: Registered Agen) signature required when reinstating) FILE NOWN FEE IS \$150.00 9. Election Campaign Financing After May 1/2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/02) LAN, XINQUAN NAME NAME 742 LADY DIANA DRIVE STREET ADDRESS STREET ADDRESS DAVENPORT FL 33837 CITY-ST-ZIP CITY-ST-ZIP TITLE Celete DDE Change ■ Addition QIAO, LI NAME NAME STREET AODRESS 742 LADY DIANA DRIVE STREET ADDRESS DAVENPORT FL 33837 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TULE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-12. I hereby certify that the information supplied with this filling does not qualify for the exemindicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as require changed, or on an attachment with an address, with all other like empowered. ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #

## Attachment#

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