

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90078 042 ***150.00

DOCUMENT # P02000016886

1. Entity Name
CARIBBEAN NAIL CORPORATION



Principal Place of Business
**10900 SW 104 ST #210
MIAMI FL 33176**

Mailing Address
**10900 SW 104 ST #210
MIAMI FL 33176**



2. Principal Place of Business
169 EAST FLAGLER STREET

3. Mailing Address
169 EAST FLAGLER STREET

Suite, Apt. #, etc.
SUITE 1534

Suite, Apt. #, etc.
SUITE 1534

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-3002230**

Applied For
Not Applicable

Zip
33131

Country
U.S.A

Zip
33131

Country
U.S.A

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

VEGA, ROSALIA
10900 SW 104 ST #210
MIAMI FL 33176

Name
VEGA, ROSALIA

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

169 EAST FLAGLER STREET, SUITE 1534

City
MIAMI

FL

Zip Code
33131

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

03/18/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEGA, ROSALIA 10900 SW 104 ST #210 MIAMI FL 33176. <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEGA, ROSALIA 169 EAST FLAGLER STREET, SUITE 1534 MIAMI, FLORIDA 33131 <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"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2003 (305) 960-1159
Date Daytime Phone #

CR2E034 (10/02)