


2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 10 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 27818	
1. Entity Name ELITE NAILS & SPA, Inc.	

DO NOT WRITE IN THIS SPACE

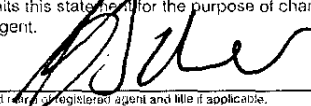
2. Principal Place of Business 6316 LANTANA ROAD		3. Mailing Address 6316 LANTANA ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH FL		City & State LAKE WORTH FL	
Zip 33463	Country	Zip 33463	Country

10/15/03 01003 016 \$150.00

RECEIVED DO NOT WRITE IN THIS SPACE 03

4. FEI Number 75-3028167		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

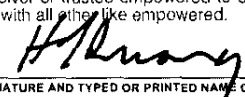
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CHARLES SCHER	
	Street Address (P.O. Box Number is Not Acceptable) 1900 Corporate Blvd. # 400 East	
	City BOLTA RAYON	Zip Code FL 33431

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 	CHARLES SCHER	DATE 10/09/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director TRUONG HOA T 6316 LANTANA RD LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.		
SIGNATURE: 	DATE 10/7/13	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)

ELITE NAILS & SPA, INC.

6316 Lantana Road
Lake Worth, FL 33463

The Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Re: Elite Nails & Spa, Inc. P 02000027818

The registered agent for the above corporation changed his address in January 2003. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2002 year and abate the penalty.

We incorrectly asked for reinstatement for the 2002 year, it should have been for the 2003 year. I further enclose a copy of the cashed check as proof of payment. Kindly correct your records to reflect the changes.

We apologize for any inconvenience caused.

Sincerely,



Hoa Truong
President

ELITE NAILS & SPA, INC.

6316 Lantana Road
Lake Worth, FL 33463

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Division of Corporations
P.O. Box 6327
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President

Copy of Original Letter.