

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90075 043 \*\*\*150.00

**DOCUMENT # P02000033274**

**1. Entity Name**  
**NAILS BY LINH INC**



**Principal Place of Business**  
**8201 VIA BELLA**  
**BOCA RATON FL 33486**

**Mailing Address**  
**8201 VIA BELLA**  
**BOCA RATON FL 33486**

**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**

500003090

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KIESLING, ROBERT A**  
**4793 N CONGRESS AVE #206**  
**BOYNTON BCH FL 33426**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD PHUONG, LINH**  
**8201 VIA BELLA**  
**BOCA RATON FL 33486**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD LINH PHUONG RECCO**  
**8201 VIA BELLA**  
**BOCA RATON FL 33486**

☒ Change ☐ Addition

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ 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

Date

Daytime Phone #

3/10/03

CR2E034 (10/02)

102

Attachment # 80531058  
PO2000033274

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.



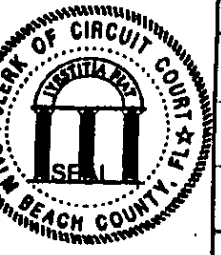
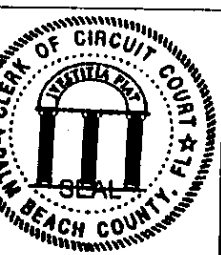
05/17/2002 09:37:58 20020251937  
OR BK 13715 PG 0775  
Palm Beach County, Florida  
Dorothy H. Wilken, Clerk

2002-001553 S

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) WANTUIL CARLOS RECCO			2. DATE OF BIRTH (Month, Day, Year) JUL 11 1972		
3a. RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON	3b. COUNTY PALM BEACH	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) BRAZIL		
5a. BRIDE'S NAME (First, Middle, Last) LINH THUY PHUONG		5b. MAIDEN SURNAME (If different) N/A	6. DATE OF BIRTH (Month, Day, Year) OCT 27 1967		
7a. RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON	7b. COUNTY PALM BEACH	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) VIETNAM		



WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>W. Carlos Recco</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 06 2002
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Sandra Schur</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Linh Thuy Phuong</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 06 2002
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Sandra Schur</i>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PALM BEACH	18. DATE LICENSE ISSUED MAY 06 2002	18a. DATE LICENSE EFFECTIVE MAY 09 2002	19. EXPIRATION DATE JUL 05 2002
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>D.H. Wilken</i>		20b. TITLE CLERK OF THE CIRCUIT	20c. BY D.C. <i>[Signature]</i>

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) MAY 11 2002	22. CITY, TOWN, OR LOCATION OF MARRIAGE Deerfield Beach		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 92 W. Oakland Park Blvd., #118 Wilken Manors, FL 33311		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)  Charles James Minister	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



PALM BEACH COUNTY, STATE OF FLORIDA

I hereby certify that the foregoing is a true copy of the record in my office

This 11 Day of MAY 2002

DOROTHY H. WILKEN  
Clerk Circuit Court

BY [Signature] D.C.