

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # 02000067896
1. Entity Name

~~NAIL CITY & SPA, INC.~~ NAIL CITY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9267 WEST ATLANTIC BLVD

3. Mailing Address
9267 WEST ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
85-0485588

Applied For

Not Applicable

Zip Country
33071

Zip Country
33071

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CAM HOANG

Street Address (P.O. Box Number is Not Acceptable)
9267 WEST ATLANTIC BLVD

City State Zip Code
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
CAM HOANG
STREET ADDRESS
7805 NW 128 AVENUE
CITY-ST-ZIP
PARKLAND, FL 33076

TITLE NAME
VICE PRESIDENT
DAVID DOAN
STREET ADDRESS
7805 NW 128 AVENUE
CITY-ST-ZIP
PARKLAND, FL 33076

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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11.

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
000035823430
09/10/04--01086--002 **150.00

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CITY-ST-ZIP

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IN THIS SPACE**

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: CAM HOANG, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAM HOANG 4-9-04