

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91036 027 ***150.00

DOCUMENT # P02000099011

1. Entity Name
MIMOSA NAILS, INC.



Principal Place of Business
**13845 SOUTH DIXIE HIGHWAY
MIAMI FL 33176**

Mailing Address
**13845 SOUTH DIXIE HIGHWAY
MIAMI FL 33176**

2. Principal Place of Business
MIMOSA NAILS, INC.
Suite, Apt. #, etc.
13845 SOUTH DIXIE HWY

3. Mailing Address
12640 SW 84 AVE RD
Suite, Apt. #, etc.

City & State
MIAMI, FLA

City & State
MIAMI, FLA

Zip
33176

Country
U.S.A

Zip
33156

Country
U.S.A

4. FEI Number
82-0562114

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PHAM, TRANG T.
12640 SW 84 AVENUE ROAD
MIAMI FL 33156

(12640 SW 84 AVE ROAD)
MIAMI, FLA 33156

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 **X** **TRANG T. PHAM**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/03/03
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 **PTD** ☐ Delete
NAME **PHAM, TRANG T**
STREET ADDRESS **12640 SW 84 AVE. ROAD**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☐ Delete
NAME **NHIEN, TA**
STREET ADDRESS **9949 SW 157 STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/3/03

Daytime Phone #

CR2E034 (10/02)