

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90038 036 ***150.00

DOCUMENT #	P03000075690
1. Entity Name	
SUN NAIL SALON, INC	

DO NOT WRITE IN THIS SPACE

24041735

2. Principal Place of Business		3. Mailing Address	
6504 PINES BLVD		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PEMBROKE PINES, FL			
Zip	Country	Zip	Country
33024			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
33-1064619		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name	
THAN NGUYEN	
Street Address (P.O. Box Number is Not Acceptable)	
6504 PINES BLVD	
City	Zip Code
PEMBROKE PINES	33024

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 4-10-04

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

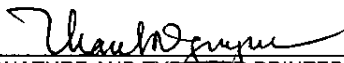
11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THAN NGUYEN 6504 PINES BLVD PEMBROKE PINES, FL 33024	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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-04

Daytime Phone #

9548948026