

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012501

1. Entity Name

NAILS BY CRISTINA, INC.

Principal Place of Business

10690 CORAL WAY  
MIAMI FL 33165  
US

Mailing Address

10690 CORAL WAY  
MIAMI FL 33165  
US

2. Principal Place of Business

5701 SW 137 AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33183

Country

Country

4. FEI Number

65-0463796

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEDRAZA, ISABEL C  
121 SOUTHWEST 107TH AVENUE  
MIAMI FL 33174

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001. Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PEDRAZA, ISABEL C**  
STREET ADDRESS **121 SOUTHWEST 107TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete  
NAME **PEDRAZA ISABEL C.**  
STREET ADDRESS **5701 SW 137 AVE.**  
CITY-ST-ZIP **MIAMI, FL. 33183**

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

12. 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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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Isabel Cristina Pedraza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-01 305-408-1281  
Date Daytime Phone #

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91552 041 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)