FILED
Jul 04, 2002 8:00 am
Secretary of State

05-21-2002 90885 041 ***150.00

[redacted]

96516

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012501

1. Entity Name
NAILS BY CRISTINA INC

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2. Principal Place of Business	3. Mailing Address
5701 SW 137 AVE	5701 S.W 137 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: Miami fl.
Zip: 33183 Country: DADE	Zip: 33183 Country: Dade.

4. FEI Number: 65-0463796 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Isabel Cristina Pedraza.
Street Address (P.O. Box Number is Not Acceptable): 5701 S.W 137 Ave
City: Miami FL Zip Code: 33183.

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] 6-27-02.
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: P NAME: ISABEL C. PEDRAZA STREET ADDRESS: 115 SW 136 CT. CITY-ST-ZIP: MIAMI, FL. 33184	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02 (305) 408-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #