2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State
08-02-2000 90155 016 ***558.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000053062

1. Entity Name
HOLLYWOOD NAIL COMPANY ✓

Principal Place of Business	Mailing Address
6112-6114 SILVER STAR SUITE 116 ORLANDO FL 32808 US	6112-6114 SILVER STAR OLANDO FL 32808 US

2. Principal Place of Business	3. Mailing Address
6112-6114 SILVER STAR RD	1155 W. SR 434
Suite, Apt. #, etc.	Suite, Apt. #, etc. 111
City & State ORLANDO, FL	City & State LONGWOOD, FL
Zip 32808 Country USA	Zip 32750 Country USA

4. FEI Number 59-3256153 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUU, VAN 1155 W SR 434 #111 SUITE 116 LONGWOOD FL 32750	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUU, VAN 1155 W SR 434 #111 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, TRANG 1155 W SR 434 #111 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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: SIGNATURE REQUIRED LUU, VAN 07/27/00 (407) 767-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #