

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94 0000 65597

1. Entity Name  
WANDA'S PRETTY NAILS, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 1326 E. COMMERCIAL  
3. Mailing Address 6710 SW 10TH COURT  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
FL LAUDERDALE, FL. NORTH LAUDERDALE, FL.  
Zip Country Zip Country  
33334 USA 33068 USA

4. FFI Number 650533918 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PARKER, NGUYEN T.  
6710 S.W. 10TH COURT  
NORTH LAUDERDALE, FL.  
33068

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: \_\_\_\_\_ (Printed name of registered agent and fee applicable) (NOT Registered Agent signature required when re-registering) 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 \$558.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PARKER, NGUYEN T. 6710 SW 10TH CT. NORTH LAUDERDALE, FL. 33068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PARKER, ANTHONY 6710 SW 10TH CT. NORTH LAUDERDALE, FL. 33068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000036066620 05/11/04--01078--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nguyen T. Parker*

Date: 05/05/04

FILED  
04 MAY -6 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (1/00)