

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066293

1. Entity Name

CALIFORNIA NAILS INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90030 013 ***150.00

Principal Place of Business

7900 NW 27TH AVENUE
502
MIAMI FL 33147
US

Mailing Address

7900 NW 27TH AVE
502
MIAMI FL 33147-4902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0639609

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

TRUONG, NHON V.
574 SW 180TH AVE
PEMBROKE PINES FL 33029

Name

THANH V. TRUONG

Street Address (P.O. Box Number is Not Acceptable)

574 SW 180TH AVE

City

Pembroke Pines

FL

Zip Code

33029

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TRUONG, NHON V	
STREET ADDRESS	574 SW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PRESIDENT THANH V. TRUONG	<input type="checkbox"/> Delete
NAME	574 SW 180TH AVE	
STREET ADDRESS	PEMBROKE PINES, FL 33029	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	THANH V. TRUONG	
STREET ADDRESS	Pembroke Pines, FL 33029	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/2000 305 835-701

CR2E034 (9/99)