

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90040 026 ***150.00

A0024819

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000066293
1. Entity Name
 CALIFORNIA NAILS, INC

Principal Place of Business
 Liberty City
 Flea Market

Mailing Address
 7900 NW 27th Ave
 Miami FL, 33015 #501

2. Principal Place of Business
 7900 N.W. 27th Avenue

3. Mailing Address
 7900 NW 27th Ave

Suite, Apt. #, etc.
 #501

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33147

Country
 U.S.A.

4. FEI Number
 6570639609

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 N HON V TRUONG
 8643 WILSHIRE DR.
 MIRAMAR FL 33023

7. Name and Address of New Registered Agent
 Name: LOREN TRUONG
 Street Address (P.O. Box Number is Not Acceptable):
 8600 N.W. 186 ST #104
 City: HIALEAH FL Zip Code: 33004

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 Loren Truong **DATE** 01/09/2001
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE President	<input checked="" type="checkbox"/> Delete
NAME Sean Truong	
STREET ADDRESS 574 SW 180th Ave	
CITY-ST-ZIP Pom Pines FL	
TITLE Treasurer	<input checked="" type="checkbox"/> Delete
NAME Panome Soukanameth	
STREET ADDRESS 574 SW 180th Ave	
CITY-ST-ZIP Pom Pines FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Loren Truong	
STREET ADDRESS 8600 NW 186 ST #104	
CITY-ST-ZIP Hialeah, FL 33	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Loren Truong **LOREN TRUONG** **DATE** 01/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)