

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074460

1. Entity Name

MARASON NAIL STUDIO, INC.

Principal Place of Business

6000 W. ATLANTIC BLVD.
MARGATE FL 33063

Mailing Address

6000 W. ATLANTIC BLVD.
MARGATE FL 33063

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 65-0609921

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

SANDOVAL, SONIA

9677 BOCA GARDENS CIR N APT B
BOCA RATON FL 33496

Name

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

144 BRINSLEY AVENUE
APT 1004

POMPANO BEACH

FL

Zip Code 33067

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

10/19/2000

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SANDOVAL, SONIA
6000 W ATLANTIC BLVD
MARGATE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add
400003459754--8
-11/09/00--01117--013
****150.00 ****150.00

TITLE
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CITY-ST-ZIP
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/2000

(7)
October 19, 2000

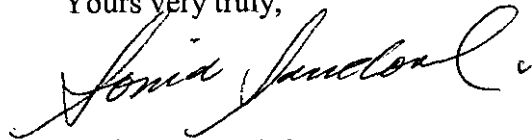
Florida Department of State
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find my check for \$ 150.00 for the Annual Florida Business Report Tax for 2000.

I mailed the original form with my income tax return and for some reason it did not arrive in Tallahassee. I am a small minority owned business and a \$ 700.00 payment would severely damage my business and cause a cash shortage. I appreciate you accepting this check and reinstating my corporation. Thank you in advance.

Yours very truly,



Sonia Sandoval, Pres
Marason Nail Studio, Inc.
6000 W. Atlantic Boulevard
Margate, FL 33060
P95000074460