

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095310

1. Entity Name  
DROP DEAD NAILS, INC.

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90085 010 \*\*\*150.00

Principal Place of Business

12691 S DIXIE HWY  
MIAMI FL 33156

Mailing Address

12691 S DIXIE HWY  
MIAMI FL 33156

2. Principal Place of Business

12515 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

6091 SW 85 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

South Miami, FL.

4. FEI Number

65-0627006

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINN, NICOLE A.  
12691 S DIXIE HWY  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

NICOLE A. LENTO WINN

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

6091 SW 85 Street

SOUTH MIAMI, FL.

City

FL

Zip Code

33143

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

Nicole A. Lento Winn

Nicole A. Lento Winn

4/25/01

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 \$150.00**  
**After MAY 1, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINN, NICOLE A	
STREET ADDRESS	12691 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTO WINN, NICOLE A.	
STREET ADDRESS	12515 South Dixie Hwy.	
CITY-ST-ZIP	Miami, FL. 33156	
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		
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:

Nicole A. Lento Winn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nicole A. Lento Winn 4/25/01 305-256-8860

CR2E034 (10/00)

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