

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006913

1. Entity Name

CLASSY NAILS OF HOMESTEAD, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90005 026 ***150.00

Principal Place of Business

Mailing Address

24 SE 4TH RD
HOMESTEAD FL 33030
US

24 SE 4TH RD
HOMESTEAD FL 33030-7301
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

65-0634727

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

WILLIAM R. GRIFFITTS

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

23605 S.W. 123 AVENUE

City

PRINCETON,

FL

Zip Code
33032

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

William R. Griffiths

WILLIAM R. GRIFFITTS

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

(NOTE: Registered Agent signature required when reinstating)

2/3/00
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, 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 ☒ Delete

NAME **PD**
MOREY, JOHN G
STREET ADDRESS **811 NORTH HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ Delete

NAME **V**
MOREY, LANA S
STREET ADDRESS **811 NORTH HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete

NAME **ST**
GRIFFITTS, LISA A
STREET ADDRESS **811 NORTH HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **23605 S.W. 123 AVENUE**
CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE ☐ Change ☒ Addition

NAME **GRIFFITTS, WILLIAM R.**
STREET ADDRESS **23605 S.W. 123 AVENUE**
CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William R. Griffiths

WILLIAM R. GRIFFITTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)