

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2001 90005 008 ***150.00

DOCUMENT # P96000006913

1. Entity Name

CLASSY NAILS OF HOMESTEAD, INC.

Principal Place of Business

24 SE 4TH RD
 HOMESTEAD FL 33030
 US

Mailing Address

24 SE 4TH RD
 HOMESTEAD FL 33030
 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

GRIFFITTS, WILLIAM R
23605 S.W. 123 AVENUE
PRINCETON FL 33032

7. Name and Address of New Registered Agent

Name

Barbara Burnett

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

11942 SW 272 TER

City

Homestead, FL

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

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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

TITLE **ST** ☒ Delete
 NAME **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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Burnett, Barbara**
 STREET ADDRESS **11942 SW 272 Terrace**
 CITY-ST-ZIP **Homestead FL 33032**

TITLE **Vice President** ☐ Change ☐ Addition
 NAME **Burnett, Jerry**
 STREET ADDRESS **same as above**
 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
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara Burnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

305 246-4396

Daytime Phone #