## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham :

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000017325 (7)

UNIVERSAL NAIL & BEAUTY SUPPLY, INCORPORATED

## **FILED** May 28 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address		a hodinode nia soria arkin adein adein darin darbi neun radda estia kradi drie sokr			
1233 E. COLONIAL DRIVE ORLANDO FL 32803		1233 E. COLONIAL DRIVE ORLANDO FL 32803-4701					
					3. Date Incorporated or Qualified 02/22/1996	3a. Date of Last R	Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26		59-336433   Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	Additional
22		27			Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23   Country		Zip Country		Trust Fund Contribution	Added to Fees		
Zip	Country	<b>├</b> ¬ '	· · · · · · · · · · · · · · · · ·		8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,  Yes W No	
24	25] 9. Name and Address of Current	Registered Agent	30		10. Name and Address of New Re	<del></del>	
4 444	<del></del>	Trogratorea rigorit		81 Name	* *	8	
LIANG, BRIAN				HONE LU			
	E. COLONIAL DRIVE				Street Address (P.O. Box Number is Not Acceptable)		
, OKD	ANDO FL 32803			83	33 E. COUME DIC		
	$\sim$			84 City	ORLANDO, FL	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the a	nave named c	ornoration submits this statement for the r	purpose of changing i	le ragietarad
office or re	egistered agent, of both, in the State of	of Florida, Such change was	authorize	d by the corpo	oration's board of directors. Thereby accept	of the appointment as	registered
	m ramiliar with lard accept the obliga	tions of, Section 607.0505, Fi	orida Stai /&1	utes.		4-18-97	
SIGNATURE	Signature, typing opening a name of registered agen	MON the it applicable (NO)	E Registere	M <i>SECR</i> of Apent signature re	CETARU :	4-18-97 DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 1	TLF		Change	Addition
NAME	LU, BEN		1.2 N	AME			
STREET ADDRESS	1233 E. COLONIAL DRIVE		1.3 STREET ADDRES				
CITY-ST-ZIP			1.4 CI	TY-\$1-ZIP			
TITLE	DELETE 2.1 T		TLE		Change	Addition	
NAME	CHUNG, KIM MY		2.2 N	AME			
STREET ADDRESS	1233 E. COLONIAL DRIVE		2.3 \$1	REET ADDRESS			]
CITY-ST-ZIP	ORLANDO PL 32803			ITY-ST-ZIP			
TITLE	8	☐ DELFTE	3.1 Ti			L Change	Addition
NAME	LU, HONG		3.2 N				
STREET ADDRESS	1233 E. COLONIAL DRIVE			REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803	DELETE		11Y-ST-ZIP		Change	Addition
TITLE		☐ DELFTE	4.1 1/			ш спапре	L_J Addition
NAME			4. 2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 Cl	TY-ST-ZIP	A A MARIN, OF A N. C. T. W. T.	Channe	☐ Addition
TITLE		<u>()</u> bettet	5.2 No		70000221 -06/12/97011	USTT.	
NAME CTOCCT ADDDCCC				REFT ADDRESS	-06/12/97011	06027	
STREET ADDRESS					***165.00		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CI 6.1 TI	1Y-S1-2IP		Change	Addition
NAME		_ 56666	6.2 N				~Q
STREET ADORESS				REET ADDRESS		رفحس	0,0
ŀ				1Y-ST-7/P		り	72
CITY-ST-ZIP			6.4 CI	11-21-46	111 0 V 440 07/0V) FILE II OLA A		الــــاليية

I do hereby certily that the information information indicated on this annual ro I am an officer or director of the corpo appears in Block 12 or Block 13 in Cha of with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that righter eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on allachment with an address.

(407) 818-4112