

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT# P96000068032

1. Entity Name

CHRISTINE'S NAILS, INC

Principal Place of Business

Mailing Address

1929 ALOMA AVE.

1929 ALOMA AVE.

WINTER PARK, FL 32792

WINTER PARK FL
32792

2. Principal Place of Business

1929 ALOMA AVE

3. Mailing Address

1929 ALOMA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

4. FEI Number

59-3402046

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

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

NGUYEN, VU A

2024 DUTCHESS LN

WP FL 32792

Name

SONG H. LY

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

2618 RIVER RIDGE DR

City

ORLANDO

FL

Zip Code

32825

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

NGUYEN, VU A

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800003500588-5

-12/13/00-01113-003

****300.00 ****300.00

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CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

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2618 RIVER RIDGE DR.
ORLANDO, FL 32825

☐ Change ☒ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date Time Filed

Sep 14 2000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 PM 5:28

DO NOT WRITE IN THIS SPACE

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Christine's Nails, Inc.
1529 ALOMA AVE
WINTER PARK FL 32792

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

November 20, 2000

Dear Sir/Madam,

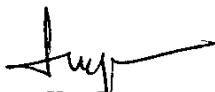
Re: Document # P960000 68032
Christine's Nails, Inc.

We are writing this letter to request reinstatement of the above corporation and also to request for a waiver of the penalty fee associated with reinstatement of the company. We were not aware that the company was dissolved until we were notified by our insurance company as we do not have any record of receiving the annual report for 1999 and 2000.

Please accept the enclosed check of \$300.00 to cover the 1999 and 2000 annual report fee.

Thank you for your attention and assistance in this matter.

Yours truly,


Song H. Ly