

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081976

1. Entity Name

ANGEL'S NAIL ACADEMY, INC.

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90037 001 *****8.75

03-16-2000 90037 002 ***150.00

Principal Place of Business

Mailing Address

8405 N HINES AVE
106
TAMPA FL 33614
US

8405 N HINES AVE
106
TAMPA FL 33614-8382
US

2. Principal Place of Business

3. Mailing Address

8405 N. HINES AVE
Suite, Apt. #, etc.
106

8405 N. HINES AVE
Suite, Apt. #, etc.
106

City & State

TAMPA, FLORIDA

Zip

33614

Country

HILLS

City & State

TAMPA, FLORIDA

Zip

33614

Country

HILLS

4. FEI Number

59-3425043

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

TRANG, DOAN N
8405 N HINES AVE
106
TAMPA FL 33614

Name

TRANG DOAN NGUYEN

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

8405 N. HINES AVE # 106

City

TAMPA

FL

Zip Code

33614

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 P
NAME NGUYEN, TRANS D ☐ Delete
STREET ADDRESS 8405 N HINES AVE STE 106
CITY-ST-ZIP TAMPA FL 33614

TITLE P
NAME TRANG DOAN NGUYEN ☐ Change ☐ Addition
STREET ADDRESS 8405 N. HINES AVE SUITE 106
CITY-ST-ZIP TAMPA, FLORIDA 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 10-2000

CR2F034 (9/99)