

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081976

1. Entity Name

ANGEL'S NAIL ACADEMY, INC.

APPROVED  
AND  
AMENDED

01 APR 19 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

8405 N. HINES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106

106

City & State

City & State

TAMPA, FLORIDA

TAMPA, FLORIDA

Zip

Country

Zip

Country

33614

HILLS

33614

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 BINH VAN 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

APRIL 10 - 2001

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	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, TRANS D	
STREET ADDRESS	8405 N HINES AVE STE 106	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRANG DOAN NGUYEN	
STREET ADDRESS	8405 N. HINES AVE SUITE 106	
CITY-ST-ZIP	TAMPA, FLORIDA 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

APRIL 10 - 2001

CR2E034 (9/99)