## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P96000088507** Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** NAILS BY LONG. INC. 03-07-2000 90058 040 \*\*\*150.00 Principal Place of Business Mailing Address 3855 SOUTHWEST 137TH AVENUE 3855 SOUTHWEST 137TH AVENUE SUITE 13 SUITE 13 MIAMI FL 33175-6476 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0711963 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICK, THANH M Street Address (P.O. Box Number is Not Acceptable) 8547 S.W. 114 PLACE **MIAMI FL 33173** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if appacable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change Addition TITLE CASKILL, ALBERT I NAME MAME STREET ADDRESS STREET ADDRESS 3855 SW 137TH AVE, SUITE 13 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition ☐ Delete TITLE TITLE DICK, THANH M NAME NAME STREET ADDRESS STREET ADDRESS 8547 S.W. 114 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Change ☐ Addition TITLE Delete TITLE PHAN, LONG N NAME NAME STREET ADDRESS STREET ADDRESS 8547 S.W. 114 PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change Addition ☐ Delete TITLE TITLE PHAN, THUY-TIEN NAME NAME STREET ADDRESS STREET ADDRESS 8547 S.W. 114 PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.