2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2001 8:00 am Secretary of State DOCUMENT # P96000088507 NAILS BY LONG, INC. 02-22-2001 90131 034 ***150.00 Mailing Address Principal Place of Business 3855 SOUTHWEST 137TH AVENUE 3855 SOUTHWEST 137TH AVENUE SHITE 13 SUITE 13 022367 MIAMI FL 33175 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0711963 Not Applicable \$8.75 Additional Zip Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. DICK, THANH M 8547 S.W. 114 PLACE 900/ SW 68 St. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173 **MIAMI FL 33173** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE CASKILL, ALBERT I NAME NAME STREET ADDRESS 3855 SW 137TH AVE, SUITE 13 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP Addition Change TITLE ☐ Delete 8547 S.W. 114-PLACE- 9001 SW 68 St. NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP __ Delete Change ☐ Addition TITI F TITLE 8547 S.W. 114 PLACE 9881 SW 68 St. NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change ☐ Addition TITLE TITLE 9001 SW 68 St. PHAN, THUY-TIEN NAMÉ NAME 8547 S.W: 114 PLACE STREET ADDRESS STREET ADDRESS MIANI FL 33173 CITY-ST-7IP MIAMI FL 33173 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP 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. SIGNATURE: D NAME OF SIGNING OFFICER OR DIRECTOR