

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90005 036 \*\*\*150.00

0083-17 AV

**DOCUMENT # P97000044185**

1. Entity Name  
**CRYSTAL NAILS PLUS, INC.**

Principal Place of Business Mailing Address  
**1530 S FRENCH AVE 1530 S FRENCH AVE**  
**SANFORD FL 33771 SANFORD FL 33771**

2. Principal Place of Business 3. Mailing Address

**1530 S. FRENCH AVENUE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

**SANFORD**

City & State City & State

**FL**

Zip Country Zip Country

**32771 SEMINOLE**

4. FEI Number **59-3455360**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THANG, DAVID MD**  
**1530 S FRENCH AVE**  
**SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>THANG, MA DAVID</b> <b>1075 REGAL POINT TERR., #201</b> <b>LAKE MARY FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NGUEN, CHI K</b> <b>1075 REGAL POINT TERR., #201</b> <b>LAKE MARY FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** David M Thang **01/08/02 (407) 320-1755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)