

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000062166**

1. Entity Name

CC-NAILS, INC.**FILED****00 MAR 23 PM 12:14****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**5404 FRIARSWAY DRIVE
TAMPA FL 33624
US****5404 FRIARSWAY DRIVE
TAMPA FL 33624-4161
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

593562779 DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

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

**KUTCHINS, BRYAN A ESQ.
3974 TAMPA ROAD
OLDSMAR FL 34677**

Name

HUONG, THI MAI

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

5404 FRIARSWAY DRIVE**TAMPA, FLORIDA 33624**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-11-20009. 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 type="checkbox"/> Delete
NAME	HUONG, THI MAI	
STREET ADDRESS	5404 FRIARSWAY DR	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	P/T/S/D/	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	HUONG, THI MAI	
STREET ADDRESS	5404 FRIARSWAY DRIVE	
CITY-ST-ZIP	TAMPA, F.L. 33624	

TITLE	V	<input type="checkbox"/> Delete
NAME	NGUYEN, CHAU P	
STREET ADDRESS	5404 FRIARSWAY DR	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HUONG, THI MAI** *[Signature]***01-11-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE