

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90253 020 ***150.00

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DOCUMENT # P97000073451

1. Entity Name

MOTOWN NAILS. INC.

Principal Place of Business

**1605 N.W. 183RD STREET
MIAMI FL 33169**

Mailing Address

**1605 N.W. 183RD STREET
MIAMI FL 33169**

2. Principal Place of Business

1605 N.W. 183RD STREET

Suite, Apt. #, etc.

3. Mailing Address

1605 N.W. 183RD STREET

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Miami, Fla

Zip

33169

Country

U.S.A

Zip

33169

Country

U.S.A

4. FEI Number

65-0777927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BURKE, RAYNETTE L

1605 N.W. 183RD STREET

MIAMI FL 33169

7. Name and Address of New Registered Agent

Name **Burke, Raynette L**

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

1605 N.W. 183RD STREET

City

Miami

FL

Zip Code

33169

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 12, 2002

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

TITLE ☐ Delete
NAME **O**
STREET ADDRESS **BURKE, RAYNETTE L**
CITY-ST-ZIP **1605 N.W. 183RD STREET
MIAMI FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Raynette L. Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2002 (305) 474-0102

Date

Daytime Phone #

CF2E034 (9/01)