

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90103 047 \*\*\*150.00

DOCUMENT # P97000083702

1. Entity Name  
**PAULNIK & NAILS INC.**

Principal Place of Business

Mailing Address

**WEST FLAGLER STREET  
 FL 33174**

**11398 WEST FLAGLER STREET  
 MIAMI FL 33174-4213**

**00065906**

2. Principal Place of Business

3. Mailing Address

**11398 W. FLAGLER ST.**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**103**

City & State

City & State

**MIAMI FLORIDA**

Zip

Country

Zip

Country

**33174**

4. FEI Number

**65-0832445**

Applied For

Not Applied For

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

**BITRAGO, KAREN**

**11405 NW 7TH STREET**

**MIAMI FL 33172**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

10. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSD

**BITRAGO, KAREN**

**11405 NW 7 ST**

**MIAMI FL 33172**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PSD

**BITRAGO, KAREN**

**11405 NW 7 ST**

**MIAMI FL 33172**

☐ Change ☒ Add

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**BITRAGO, Roman**

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**MIAMI, FL 33172**

☐ Change ☒ Add

☐ Delete

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☐ Change ☒ Add

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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:

*Blaise Malinver - General Mgr*

*March 18/2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #