

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105967

1. Entity Name

DADELAND NAILS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90014 011 ***150.00

Principal Place of Business

Mailing Address

9608 SW 77 AVE
MIAMI FL 33156

9608 SW 77 AVE
MIAMI FL 33156-2615

2. Principal Place of Business

3. Mailing Address

DADELAND NAILS INC
Suite, Apt. #, etc.

9608 SW 77 AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
FL 33156

4. FEI Number 65-0801612

Applied For
Not Applicable

Zip Country

Zip Country

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

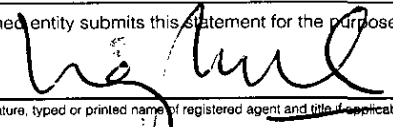
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THAI, LINH
11022 SW 166 TERR
MIAMI FL 33153

Name PHIL NGUYEN
Street Address (P.O. Box Number is Not Acceptable)
9608 SW 77 AVE
MIAMI
City FL Zip Code 33156

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, 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 D ☐ Delete
NAME THAI, LINH
STREET ADDRESS 11022 SW 166 TERR
CITY-ST-ZIP MIAMI FL 33153

TITLE OWNER ☒ Change ☐ Addition
NAME PHIL NGUYEN
STREET ADDRESS 9608 SW 77 AVE
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)