

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90091 041 \*\*\*150.00

**DOCUMENT # P98000023597**

1. Entity Name  
**UNIQUE NAIL BOUTIQUE, INC.**

Principal Place of Business      Mailing Address  
**1420 NW BOCA RATON BLVD. SUITE 1**      **1420 NW BOCA RATON BLVD. SUITE 1**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33432-1629**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1420 NW Boca Raton Blvd</b> Suite, Apt. #, etc. <b>Suite # 10</b> City & State <b>Boca Raton, FL</b> Zip <b>33432</b> Country <b>Palm Beach</b>		3. Mailing Address <b>1420 NW Boca Raton Blvd</b> Suite, Apt. #, etc. <b>Suite # 10</b> City & State <b>Boca Raton, FL</b> Zip <b>33432</b> Country <b>Palm Beach</b>		4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					

6. Name and Address of Current Registered Agent <b>SACOULAS, JAN M</b> <b>1420 NW BOCA RATON BLVD, SUITE 1</b> <b>BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	NAME <b>SACOULAS, JAN M</b>	TITLE	NAME
STREET ADDRESS <b>1420 NW BOCA RATON BLVD, SUITE 1</b>	CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 I am empowered.

SIGNATURE: *Jan M Sacoulas*      4-25-00      561-361-9030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

C-1 (03/19/99)