

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000023597

1. Entity Name
UNIQUE NAIL BOUTIQUE, INC.



Principal Place of Business
1420 NW BOCA RATON BLVD
STE 10
BOCA RATON, FL 33431

Mailing Address
1420 NW BOCA RATON BLVD
STE 10
BOCA RATON, FL 33431

FILED
Apr 23, 2005 08:00 AM
Secretary of State



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SACOULAS, JAN M
1420 NW BOCA RATON BLVD, SUITE 10
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000325310
04/23/05-80011-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SACOULAS, JAN M 1420 NW BOCA RATON BLVD, SUITE 10 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan M Sacoulas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 1501361-9030
Date Daytime Phone #