

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90062 020 ***150.00

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DOCUMENT # P98000057200

1. Entity Name
THE NAIL & SKINCARE SPA, INC.

Principal Place of Business MOVING **Mailing Address**

~~8018 N.W. 154TH STREET~~
~~MIAMI FL 33016~~
8020 N.W. 154 STREET
MIAMI LAKES, FL 33016

~~8018 N.W. 154TH STREET~~
~~MIAMI FL 33016~~
8020 NW 154 STREET
MIAMI LAKES, FL 33016



2. Principal Place of Business **3. Mailing Address**
8020 N.W. 154 STREET **8020 N.W. 154 STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI LAKES, FL** **City & State** **MIAMI LAKES, FL** **4. FEI Number** **58-2401437** **Applied For**
 Not Applicable

Zip **33016** **Country** **U.S.A.** **Zip** **33016** **Country** **U.S.A.** **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**

GUERRA-SUAREZ, A. ELIZABETH **Name** **GUERRA-SUAREZ, A. ELIZABETH**
~~10040 S.W. 119TH PLACE~~ **299 ALHAMBRA CIRCLE** **Street Address (P.O. Box Number is Not Acceptable)**
~~MIAMI FL 33176~~ **SUITE #203** **299 ALHAMBRA CIRCLE**
299 ALHAMBRA CIRCLE **SUITE #203**
CORAL GABLES FL 33134 **City** **CORAL GABLES** **FL** **Zip Code** **33134**

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PUENTES, MARTHA B 8018 N.W. 154TH STREET MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUENTES, MARTHA B. 8020 N.W. 154 STREET MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARTHA B. PUENTES **01/28/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)