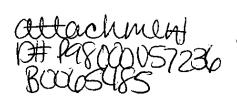
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000057236 1. Entity Name MYSTIC NAIL SALON & DAY SPA, INC.						Sep 17, 2001 8:00 am Secretary of State 09-17-2001 90146 006 ***150.00		
Principal Place of Business 7627 TURKEY LAKE ROAD ORLANDO FL 32819		Mailing Address 7627 TURKEY LAKE ROAD ORLANDO FL 32819				COTTO THE		
ce of Business	[;	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE		
		City & State			4 . F	4. FEI Number 59-3521104 Applied For Not Applicable		
Country		Zip	Count	try	5. (Certificate of Status Desired	\$8.75 Ad	ditional
BACCHUS, BIBI HAFSA 5050 WINWOOD WAY ORLANDO FL 32819				Street Addres	s (P.O. Box Number is Not Acceptable)			
tion is eligible to satisfy uirement and elects to	y its Intangible do so.	FILE NOW After September 1:	!!! FEE 2, 2001 !	IS \$550.00 Fee will be \$7	50.00	10. Election Campaign Financing		00 May Be
•		<u>-</u>	12.	epartment of S		DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
) BACCHUS, BIBI HAF 6050 WINWOOD WA	FSA NY	☐ Delete	TITLE NAME STREE	ET ADDRESS	, ,		☐ Change	Addition
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	Country 6. Name and Address BIBI HAFSA OOD WAY FL 32819 The dentity submits this property of the country o	Country Cou	AKE ROAD 2819 7627 TURKEY LAKE ROAD 2819 7627 TURKEY LAKE ROAD 2819 3. Mailling Address etc. Sulte, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent BIBI HAFSA COOD WAY -1. 32819 Immed entity submits this statement for the purpose of changing its ACCHUS, BIBI HAFSA COSO WINWOOD WAY DRIANDO FL 32819 Delete Delete Delete	AKE ROAD 2819 7627 TURKEY LAKE ROAD ORLANDO FL 32819 2819 3. Mailing Address etc. City & State Country Zip Country Zip Country City & State Country Sibility HAFSA COOD WAY FL 32819 The proper primed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable. Country File Now!!! FEE After September 12, 2001 If Make Check Payable to Delete TITLE ACCHUS, BIBI HAFSA COSO WINWOOD WAY ORLANDO FL 32819 Delete TITLE NAME STREE CITY Delete TITLE TITLE NAME STREE CITY Delete TITLE TITL	AKE ROAD 2819 7627 TURKEY LAKE ROAD ORLANDO FL 32819 3. Mailing Address etc. City & State Country Zip Country E. Name and Address of Current Registered Agent Name Street Addres Street Addres City Make Check Payable to Department of Street Addres OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS ORLANDO FL 32819 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete	AKE ROAD RE19 7627 TURKEY LAKE ROAD ORLANDO FL 32819 Re of Business 3. Mailing Address etc. Sulte, Apr. #, etc. City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. B Street Address (P.O. B City City Street Address (P.O. B Street Address (P.O. B After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	Maling Address 7627 TURKEY LAKE ROAD ORLANDO FL 32819 DO NOT WRITE IN THIS: Country Country Zip Country Size Apr. #, etc. City & State City & State Country Size Apr. #, etc. Country Size Address of Current Registered Agent Name Right HAFSA ODD WAY FL 32819 City FL med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida City FL med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida City FL med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida City FL med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida City FL med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida City FL med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida City FL med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida City FL MARCHASS OR STRONG	All Business All Business All Business All Business All Business Bit Business Bi



September 3, 2001

Florida Department of State Division of Corporations Annual Report Filings P O Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam:

Re:

Mystic Nail Salon & Day Spa, Inc.

P98000057236

I would like to inform you that the above referenced corporation did not receive the notice of renewal (Form UBR) for the year 2001 in the mail. However, the second notice arrived a few days ago.

Due to the above circumstances, I am requesting that you waive any associated penalties. Enclosed, you will find the 2001 Uniform Business Report and a check for \$150.00 filing fee.

Thank you for your assistance.

Yours truly,

5050 Winwood Way

Orlando FL 32819