

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90146 006 ***150.00

DOCUMENT # P98000057236

1. Entity Name

MYSTIC NAIL SALON & DAY SPA, INC.

LA

Principal Place of Business

**7627 TURKEY LAKE ROAD
 ORLANDO FL 32819**

Mailing Address

**7627 TURKEY LAKE ROAD
 ORLANDO FL 32819**

00000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3521104

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

**BACCHUS, BIBI HAFSA
 5050 WINWOOD WAY
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Bacchus

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

(NOTE: Registered Agent signature required when reinstating)

Sept. 9/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **BACCHUS, BIBI HAFSA**
 STREET ADDRESS **5050 WINWOOD WAY**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Bacchus **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 8/01

Date

407-345-4731

Daytime Phone #

CF2E034 (5/01)

attachment
ID# P98000057236
B0005485

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,



Bill Haisa Bacchus
5050 Winwood Way
Orlando FL 32819