

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P98000059688*

02 OCT 29 PM 5:25

1. Entity Name

Hair & Nail Works, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4618 B Forest Hill Blvd

3. Mailing Address

4618 B Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0847768

Applied For

Not Applicable

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joseph Rotundo

5058 Prairie Dune Village Circle

City

Lake Worth

FL

Zip Code

33463

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

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

if DTE, Registered Agent, signature required when not starting

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *Officer*
NAME *Joseph Rotundo*
STREET ADDRESS *5058 Prairie Dune Village Cir.*
CITY-ST-ZIP *Lake Worth, FL 33463*

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*10/29/02--01015--020 **150.00*

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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)(f), Florida Statutes. I further certify that the information included 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 on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02 561 9676112

Date

Phone Number

CR2E034B (12/01)

**HAIR & NAIL WORKS,
INC.**

**4618 B FOREST HILL BLVD.
LAKE WORTH, FL. 33415**

OCTOBER 23, 2002

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL. 32302**

RE: 2002 PROFIT CORPORATION ANNUAL REPORT

DEAR SIR:

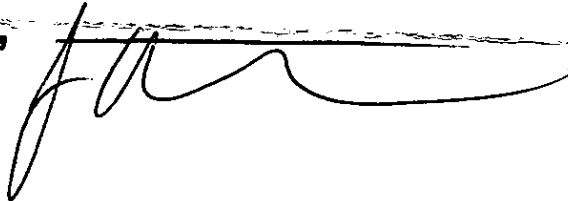
**WE NEVER RECEIVED THE 2002 PROFIT CORPORATION ANNUAL
REPORT. WE HAVE FILED SEVERAL COMPLAINTS TO MR. JAMES
WEST, SUPERVISOR OF THE SUMMIT BRANCH OF U.S. POST
OFFICE ABOUT NOT RECEIVING OUR MAIL.**

**WE ARE ENCLOSING HERewith OUR CHECK FOR \$ 150.00 FOR
OUR ANNUAL REPORT. WE FEEL THAT WE ARE NOT RESPONSIBLE
FOR THE PENALTY, BECAUSE WE NEVER RECEIVED THE ANNUAL
REPORT. WE HAVE ALWAYS PAID AND FILED OUR TAXES ON
TIME.**

**THANKING YOU IN ADVANCE FOR YOUR CONSIDERATION ON THE
ABOVE MATTERS.**

VERY TRULY YOURS,

**JOSEPH ROTUNDO
PRESIDENT**

A handwritten signature in dark ink, appearing to be 'JR' or similar, written over a horizontal line.