

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90053 002 \*\*\*150.00

**DOCUMENT # P98000093314**

Entity Name  
**ANA & VICKY'S NAILS, INC.**

**731849**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>FACTORY STATE ROAD 84 FL 33325</b>		Mailing Address <b>11302 STATE ROAD 84 DAVIE FL 33325-4036</b>		4. FEI Number <b>65-0870888</b>		Applied For Not Applicable	
Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
City & State		City & State		TRES, VICKY 16540 LAKE TREE DRIVE WESTON FL 33326		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
Zip	Country	Zip	Country	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2000 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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>TRES, VICKY 16540 LAKE TREE DRIVE WESTON FL 33326</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>LINARES, ANA 16540 LAKE TREE DRIVE WESTON FL 33326</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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3. 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: *Vicky Trees* **Vicky Trees** 4/26/99 954-424-888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)