

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90040 024 ***150.00

DOCUMENT # P98000093314

1. Entity Name

ANA & VICKY'S NAILS, INC.

Principal Place of Business

**NAIL FACTORY
 11302 STATE ROAD 84
 DAVIE FL 33325**

Mailing Address

**11302 STATE ROAD 84
 DAVIE FL 33325**

2. Principal Place of Business

11312 St Rd 84

Suite, Apt. #, etc.

3. Mailing Address

11312 St Rd 84

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie, FL 33325

Zip

Country

City & State

Davie, FL

Zip

Country

33325 U.S.A

4. FEI Number

65-0870888

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

~~TREES, VICKY
 16540 LAKE TREE DRIVE
 WESTON FL 33326~~

**Linares, Ana
 11312 St Rd 84
 Davie, FL 33325**

7. Name and Address of New Registered Agent

Name **Ana Linares**

Street Address (P.O. Box Number is Not Acceptable)
11312 St Rd 84

City **Davie**

FL

Zip Code **33325**

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

Ana Linares president Ana Linares

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
 After MAY 1, 2001 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

TITLE **D** ☒ Delete
 NAME **TREES, VICKY**
 STREET ADDRESS **16540 LAKE TREE DRIVE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Delete
 NAME **LINARES, ANA**
 STREET ADDRESS **16540 LAKE TREE DRIVE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **Linares, Ana**
 STREET ADDRESS **11312 St Rd 84**
 CITY-ST-ZIP **Davie, FL 33325**
president

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

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

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

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

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

Ana Linares president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(954)
 424-8888**

CR2E034 (10/00)