

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102789

1. Entity Name

TEN MINUTE MANICURE COMPANY

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90037 005 ***150.00

Principal Place of Business

Mailing Address

7901 SW 59 AVE
MIAMI FL 33143

PO BOX 431811
S MIAMI FL 33243-1811
US

2. Principal Place of Business

8600 NW South River Dr.

3. Mailing Address

8600 NW South River Drive

Suite, Apt. #, etc.

Suite 227

Suite, Apt. #, etc.

Suite 227

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

BRENNAN, LORRAINE O'NEIL ESQ.
WOMACK, APPELBY & BRENNEN, P.A.
7700 N. KENDALL DR., STE. 705
MIAMI FL 33156

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-00

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, 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**

11. OFFICERS AND DIRECTORS

TITLE D
NAME O'NEIL, LORRAINE B
STREET ADDRESS 701 SE 6 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33301-3408

☐ Delete

TITLE D
NAME JANSON, KAREN
STREET ADDRESS 7901 SW 59 AVE
CITY-ST-ZIP MIAMI FL 33143

☐ Delete

TITLE D
NAME JIMENEZ, VIVIAN
STREET ADDRESS 5332 NW 113 PL
CITY-ST-ZIP MIAMI FL 33178

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen M. Janson
KAREN M. JANSON

3/23/00

305/885-1131

CR2E034 (9/99)