

3/31/0

FILED

Jun 24, 2002 8:00 am
Secretary of State

03-31-2002 90353 010 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P99000011759**

1. Entity Name

NAIL MART, INC. ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

NAIL MART, INC.

3. Mailing Address

5880 SW 15TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

437 EAST SHEPARD ST**PLANTATION, FLORIDA**

City & State

City & State

DANIA, FLORIDA

Zip

Country

Zip

Country

33004**BROWARD****33317****BROWARD**

4. FEI Number

65-0944918

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HANG QUI PHAM

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

5880 SW 15TH STREET

City

PLANTATION

FL

Zip Code

33317**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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	HANG QUI PHAM
NAME	5880 SW 15TH STREET
STREET ADDRESS	PLANTATION FL 33068
CITY-ST-ZIP	

TITLE	PRESIDENT
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Hang Qui Pham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT**6/14/02**

Date

Daytime Phone #

CR2E034B (12/01)