

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90042 019 ***550.00

DOCUMENT # 999000030970
1. Entity Name
 NAILS RIGHT NOW, INC.

Principal Place of Business 11401 Pines Blvd., #602
Mailing Address 11401 Pines Blvd., #602
 Pembroke Pines, FL 33026 Pembroke Pines, FL 33026-4106

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 65-0906646 **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

40074694

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TA, TUAN
 11401 Pines Blvd., Suite 602
 Pembroke Pines, FL 33026

Name Craig R. Dearth, D.A.
Street Address (P.O. Box Number is Not Acceptable) 9130 S. Dadeland Blvd., #1609
City Miami **FL** **Zip Code** 33156

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] **DATE** 6/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☒ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 807, 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] **DATE** 6/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)