2060 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCÚMENT # **P99000036554** Jul 19, 2000 8:00 am 1. Entity Name **Secretary of State** KIMSUE NAILS, INC. 07-19-2000 90019 029 ***150.00 Mailing Address Principal Place of Business 1602 CORDOVA ROAD 1602 CORDOVA ROAD FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 1602 CORDONA 602 CORDOUA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For 65-0913. Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DALE, CHARLES S Street Address (P.O. Box Number is Not Acceptable) **414 NE FOURTH STREET** FORT LAUDERDALE FL 33301 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Kimberry Szelewicki 1345W 96th Avenue ☐ Detete TITLE NAME NAME シスプーでい STREET ADDRESS STREET ADDRESS Plantation, FLORIDA 33324 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE Susan Clemow NAME NAME 3244 Oak Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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.

Date

Daytime Phone #

•} **...**

ATTACHMENT P990000365**5**4 POO (28394

July 12, 2000

Division of Corporations P.O. Box 1500 Tallahassee, FL. 32302-1500

Ref: Uniform Business Report for KimSue Nails Inc. -- #65-0913595---

To whom it may concern,

Last week I received a Second Notice for the 2000 Uniform Business Report for the above referenced company. I am not in receipt of a first notice.

On the morning of Tuesday July 11th I spoke with an employee in your office and she informed me to send this letter, along with a payment of \$ 150.00 and the appropriate adjustments to my account would be made, applying this amount to make my account current.

I thank you in advance for your help in this matter.

If you have any questions or need additional information please call me at 954-768-0401.

Sincerely,

Kunterly M. Folcoidai Kimberly Szelewick

سنج يامندني