## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # P9900038176 PEARL NAILS, INC. 02-09-2001 90231 042 \*\*\*150.00 Principal Place of Business Mailing Address 1310 N. UNIVERSITY DR. 1310 N. UNIVERSITY DR. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 714667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0915747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent STEVE <u>NG VYEN</u> MILLER, CAM VAN Street Address (P.O. Box Number is Not Acceptable) 1310 N. UNIVERSITY DR. CORAL SPRINGS FL 33071 Zip Code 307/ 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 registere agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 DRESIDENT TITLE Delete TITLE Change : NAME DUNG, THI CHES NGUYEN, STEVE PHI NAME STREET ADDRESS 1310 N UNIVERSITY DR STREET ADDRESS 11796 NW IST STREET CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ORAL SPRINGS. Delete TITLE ☐ Change ☐ Addition NAME MILLER, CAM VAN NAME STREET ADDRESS STREET ADDRESS 1310 N UNIVERSITY DR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE Delete TITLE ☐ Change ☐ Addition NAME **NGUYEN, THI DEAS** NAME STREET ADDRESS STREET ADORESS 1310 N UNIVERSITY DR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ETITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.