

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053837

1. Entity Name

U-NEEK NAILS INC.

Principal Place of Business

Mailing Address

8025 KIMBERLY BOULEVARD
NORTH LAUDERDALE FL 33068

8025 KIMBERLY BOULEVARD
NORTH LAUDERDALE FL 33068-3207

2. Principal Place of Business

3. Mailing Address

8025 KIMBERLY BLVD
Suite, Apt. #, etc.

8025 KIMBERLY BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

NORTH LAUDERDALE FL

NORTH LAUDERDALE FL

Zip 33068

Country U.S.A

Zip 33414

Country U.S.A

4. FEI Number

65-0930779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAKES, MARVELETTE
5692 WINGHAM WAY
LAKE WORTH FL 33463

Name SHAKES MARVELETTE

Street Address (P.O. Box Number is Not Acceptable)
10896 OAK BEND WAY

City Wellington

FL

Zip Code 33414

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

SAME AS Before NO CHANGES

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) ☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
LEROY SHAKES
10896 OAK BEND WAY
WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00 954 7188098
Date Daytime Phone #