2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000091335

1. Entity Name
NAILS BY ALEX, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90105 043 ***150.00

7290 W. MCI	ace of Business NAB ROAD ALE FL 33068	7290	Mailing Address 7290 W. MCNAB ROAD N. LAUDERDALE FL 33068						1 0	190 jal a j e rje koj	li	
2. Principal	Place of Busin	3. Ma	3. Mailing Address									
Suite, Apt	t#, etc	Sui	== Suite, Apt.:#, etc:				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4. FEI	52-4410211			Applied For	
Zip	Country			Zip Cour		try	- 5. Cert	tificate of Status Desired		\$9.75 Addition		
6. Name and Address of Current				Registered Agent			7 Nam	7. Name and Address of New Registered Agent				
			<u>_</u>			Name	1. 114.	ic dia Address of New A	egistere	u Ageill		\dashv
NGUYEN, PHONG T												
7290 W. I	MCNAB ROA					Street Address (P.O. Box Number is Not Acceptable)						
N. LAUDE	ERDALE FL 3							<u> </u>				
						J.,						
8. The above the obliga	e named entity itions of registe	submits this staten red agent.	ent for the purp	ose of changing its	s registere	ed office or regis	stered agent,	or both, in the State of Flo	rida. I ar	n familiar wit	h, and acce	pt
SIGNATURE		r printed name of registere	d agent and title if app	licable. (NOT	E: Registere	d Agent signature requ	uired when reinstat	ting)	DATE			
	EILE NOWELL	EEE IC 64E0 0								 		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			0.00					9. Election Campaign Fin	ancing	\$5	. 00 _May_Be	
Make Checl	k Payable to	Florida Departm	ent of State					Trust Fund Contribution		Add	ed to Fees	,
10.		OFFICERS	AND DIRECTO	RS	11.		ADDITI	ONS/CHANGES TO OFFI	CERS AN	ND DIRECTO	RS IN 11	
TITLE	PTSD			☐ Delete	TITLE			***		Change		n 🔯
NAME	NGUYEN, P				NAM	:						on (10/01)
STREET ADDRESS	7290 W. MC				STRE	T ADDRESS						1
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

1-7-03

954-255 ne Phone # 7640

Change

☐ Change

Addition

Addition