2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90006 048 ***150.00

DOCUMENT # P99000102491

1. Entity Name
AVONCE NAIL SYSTEMS, INC.

Principal Place of Business
7910 WOOD GROVE CIRCLE
TAMPA, FL 33615

Mailing Address
P.O. BOX 421607
KISSIMMEE, FL 34742

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 421607	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State: KISSIMMEE, FL	
Zip	Country	Zip: 34742	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3613912 ☐ 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
AVONCE, ZEFERINO 7910 WOODGROVE CIRCLE TAMPA, FL 33615	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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]
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	
PSD AVONCE, ZEFERINO 7910 WOODGROVE CIRCLE TAMPA, FL 33615	☐ Delete	PSD AVONCE, ZEFERINO P.O. BOX 421607 KISSIMMEE, FL 34742	☒ Change ☐ Addition
VPD MALAVET, ANA V 7910 WOODGROVE CIRCLE TAMPA, FL 33615	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #