

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000107685****1. Entity Name**  
SPICE NAILS, INC.**Principal Place of Business**

649 NW 42 ST.

OAKLAND PARK  
33309

FL

**Mailing Address**

649 NW 42 ST.

OAKLAND PARK  
33309

FL

**2. Principal Place of Business**

3325 E. OAKLAND PARK BLVD.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

FT. LAUDERDALE

FL

**City & State****Zip**  
33308**Country****Zip****Country****4. FEI Number**

65-0968157

**Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WONGPANICH VIENGKHAM  
649 NW 42 ST.OAKLAND PARK  
33309

FL

**7. Name and Address of New Registered Agent****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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**05/01/2000**

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****TITLE** PSTD ☐ Delete  
**NAME** WONGPANICH VIENGKHAM  
**STREET ADDRESS** 649 NW 42 ST.  
**CITY-ST-ZIP** OAKLAND PARK FL 33309**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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** WONGPANICH VIENGKHAM

PSTD 05/01/2000