

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **VO6428**

1. Entity Name

**Nails International, Inc.**



03 SEP 30 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12200 NW 30TH ST.**

Suite, Apt. #, etc.

3. Mailing Address

**12200 NW 30TH ST.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Surprise, FL**

City & State

**Surprise, FL**

4. FEI Number

**65-0311882**

Applied For

Not Applicable

Zip

**33323**

Country

**U.S.A.**

Zip

**33323**

Country

**U.S.A.**

5. Certificate of Status Desired

☒

**\$8.75** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

**Michael Bennett**

Street Address (P.O. Box Number is Not Acceptable)

**12200 NW 30TH ST.**

City

**Surprise**

FL

Zip Code

**33323**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael Bennett* president

**9/26/03**

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President  
Michael Bennett  
12200 NW 30 ST  
Surprise, FL 33323**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**200023418632  
09/30/03--01025--019 \*\*158.75**

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Bennett* president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/26/03**

Date

**954-741-4679**

Daytime Phone #

CR2E034B (12/02)

9/30

**Nails International Inc.**

12200 Northwest 30<sup>th</sup> Street  
Sunrise, FL 33323

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

September 26, 2003

To Whom It May Concern,

Earlier this year I sent a letter to your office advising of the following changes to my Sub-chapter S corporation's information:

***Former address of***

4500 Hiatus Road  
Suite 207  
Sunrise, FL 33351

***New and current address of***

12200 Northwest 30<sup>th</sup> Street  
Sunrise, FL 33323  
Phone 954-741-4679

Apparently this letter was either not received or the information was not updated. As a result, I never received any and all correspondence or filing reports. The corporation has accidentally lapsed into an inactive status. Upon discovery of this error I immediately phoned your office and was instructed to send the attached application and a check for \$150.00. I was told that the reinstatement fee of \$600.00 would be waived.

Your assistance in remedying this situation is greatly appreciated. I look forward to receiving a Certificate Of Status as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Bennett', with a long, sweeping horizontal flourish extending to the right.

Michael Bennett  
President