

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90461 025 \*\*\*550.00

**DOCUMENT # P98000095174**

1. Entity Name

**SPA TO GO ESSENTIALS, INC.**

Principal Place of Business

Mailing Address

256 WORTH AVE GUCCI VIA  
 PALM BEACH FL 33480

256 WORTH AVE GUCCI VIA  
 PALM BEACH FL 33480-6049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0874314**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSTEIN, WILLIAM**  
 1300 N FEDERAL HWY STE 203  
 BOCA RATON FL 33432

Name **Eric Lieberman**

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

**307 William Ave**

Apt. #1

City **Palm Beach**

**FL**

Zip Code **33480**

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 **William Gerstein**

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

(NOTE: Registered Agent signature required when reinstating)

**6/10/00**

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	PDS	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ERIC	
STREET ADDRESS	256 WORTH AVE- GUCCI VIA	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LIEBERMAN, CHRISTINE	
STREET ADDRESS	256 WORTH AVE- GUCCI VIA	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME	LIEBERMAN, CAROL	
STREET ADDRESS	256 WORTH AVE- GUCCI VIA	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Eric Lieberman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/00**

DATE

**508/228-5574**

DAYTIME PHONE #

CREATED BY: JMM/ML