

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101431

1. Entity Name

SPA AQUA SANTA, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90144 026 ***150.00

Principal Place of Business

419 421 N.E. 4TH AVE
HALLANDALE FL 33009
US

Mailing Address

454 N.E. 4TH ST
BOCA RATON FL 33432
US

2. Principal Place of Business

419- 421 NE 4th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hallandale Bch Florida

City & State

Florida

Zip

33009

Country

Broward

Zip

Country

4. FEI Number

65-0882241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARI, IDA
454 N.E. 4TH STREET
BOCA RATON FL 33432

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)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
0
MARI, IDA (PLEASE CORRECT NAME)
454 NE 4TH STREET
BOCA RATON FL 33432

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2001

Date

561 2123599

754 45557100

CR2E034 (10/00)