

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006499

1. Entity Name
NIRVANA SPA LLC

FILED

01 FEB 14 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8701 COLLINS AVE
MIAMI BEACH FL 33154

Mailing Address

8701 COLLINS AVE
MIAMI BEACH FL 33154

2. Principal Place of Business

8701 collins Ave
Suite, Apt. #, etc.
S.P.A.

3. Mailing Address

8701 collins Ave
Suite, Apt. #, etc.
S.P.A.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33154

Country

U.S.A

Zip

33154

Country

U.S.A

4. FEI Number

65-1010534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMYATIN, SEMONE

15645 COLLINS AVE

APT 402

NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name N/A

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

N/A

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ZAMYATIN Semone ☐ Delete
STREET ADDRESS 15645 collins Ave, Apt 402
CITY-ST-ZIP North Miami Beach, FL 33160

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
100003709141--9
-02/19/01--01931-003
*****50.00 *****50.00

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/01 (305) 8674850

CR2E083 (11/00)