

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025507 AF

DOCUMENT # L00000011017

1. Entity Name  
AMICI SALON & SPA, LLC

FILED *LC 3/2*  
01 FEB 27 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
P.O. BOX 4657  
WINTER PARK FL 32793

Mailing Address  
P.O. BOX 4657  
WINTER PARK FL 32793

2. Principal Place of Business  
1468 TUSKAWILLA Rd.

3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WINTER SPRINGS, FL

Zip 32708 Country USA

City & State

Zip Country

4. FEI Number  
59-3653870

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIULIANI, JOHN  
3000 STATE ROAD 426  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name JOHN GIULIANI  
Street Address (P.O. Box Number is Not Acceptable)  
325 Clarke street  
City OVIEDO FL Zip 32765

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 *John Giuliani* (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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT/OWNER  
JOHN GIULIANI  
PO BOX 4657  
WINTER PARK, FL 32793  
VICE PRESIDENT/OWNER  
JAMES GIULIANI  
PO BOX 4657  
WINTER PARK, FL 32793  
CORPORATE OWNER  
MARCUS MICHLES  
315 E. ROBINSON ST. #100  
ORLANDO, FL 32801

100003802391--6  
-03/06/01--01025025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: *John Giuliani* Date Daytime Phone #

CR2E083 (11/00)