

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90067 006 ****50.00

DOCUMENT # L02000008805

1. Entity Name

SPA HOSPITALITY WORLDWIDE, LLC



Principal Place of Business

**1000 CORPORATE DRIVE, SUITE 300
FORT LAUDERDALE FL 33334**

Mailing Address

**1000 CORPORATE DRIVE, SUITE 300
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

9554 Doral Blvd

Suite, Apt. #, etc.

3. Mailing Address

9554 Doral Blvd

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

47-0863059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY., STE. 300
TAMPA FL 33637**

7. Name and Address of New Registered Agent

Name **Stephen Horwitz**

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

9554 Doral Blvd

City **Miami**

FL

Zip Code **33178**

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

Stephen Horwitz
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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HORWITZ, STEPHEN**
STREET ADDRESS **1000 CORPORATE DRIVE, STE. 300**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Horwitz, Stephen**
STREET ADDRESS **9554 Doral Blvd.**
CITY-ST-ZIP **Miami, FL 33178**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Stephen Horwitz* SIGNATURE REQUIRED

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

9/2/03

Date

Daytime Phone #

CR2E083 (4/03)