

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90150 027 *****61.25

DOCUMENT # N01000003208

1. Entity Name

TUB OF LOVE, INC.



Principal Place of Business

**13891 SOUTHWEST 82ND STREET
MIAMI FL 33183**

Mailing Address

**13891 SOUTHWEST 82ND STREET
MIAMI FL 33183**

2. Principal Place of Business

13891 SW 82 St.

3. Mailing Address

13891 SW 82 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FL

City & State

**miami FL
33183**

Zip

33183

Country

USA

Zip

33183

Country

USA

4. FEI Number **65-1101013**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SPIEGEL & UTRERA, P.A.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **GARRISON, CHRISTINA**
STREET ADDRESS **13891 SOUTHWEST 82ND STREET**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VTD** ☐ Delete
NAME **GARRISON, BRIAN**
STREET ADDRESS **13891 SOUTHWEST 82ND STREET**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete
NAME **TANNEBAUM, MAY R**
STREET ADDRESS **13891 SOUTHWEST 82ND STREET**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Christina Garrison 4/3/03 286-299-3083

CR2E037 (10/02)



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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\$61.25

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