

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90134 036 \*\*\*\*61.25

**DOCUMENT # N95000004029**

1. Entity Name

**SERENITY CONCEPTS, INC.**

Principal Place of Business

601 W OAKLAND PARK BLVD  
 STE C17  
 OAKLAND PARK FL 33311  
 US

Mailing Address

P. O. BOX 490751  
 FT. LAUDERDALE FL 33349  
 US

**00063865**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0616825**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, BASIL T**  
**601 W. OAKLAND PARK BLVD., SUITE C-17**  
**OAKLAND PARK FL 33311**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME **MCMaster-PHILLIPS, ROSEMARIE**  
 STREET ADDRESS **3001 NE 46TH ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **NORMA GREEN** ☐ Change ☒ Addition  
 NAME **2850 NW 36 AVE**  
 STREET ADDRESS **LAUD LAKES FL 33311**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PHILLIPS, JR, BASIL T**  
 STREET ADDRESS **PO BOX 490751**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33349**

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

TITLE **D** ☐ Delete  
 NAME **PHILLIPS, NICOLE**  
 STREET ADDRESS **PO BOX 490751**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33349**

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

TITLE **PVT** ☐ Delete  
 NAME **PHILLIPS, BASIL T**  
 STREET ADDRESS **2850 NW 36 AVE**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**9/10/01**

CR2E037 (10/00)