

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004029

1. Entity Name

SERENITY CONCEPTS, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90699 026 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

1859 W OAKLAND PARK

3. Mailing Address

P.O. Box 490751

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE.

City & State

FORT LAUD FL

City & State

FORT LAUD FL

4. FEI Number

65-0616825

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33349

Country

BROWARD

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 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 D ☐ Delete
NAME GREEN, NORMA
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02-954-560-1944

CR2E037 (9/01)