

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90210 028 \*\*\*150.00

**DOCUMENT #** P00000034692

1. Entity Name

AMICI SALON & SPA, INC. LLC

Principal Place of Business

1468 TUSKAWILLA RD  
 WINTER SPRINGS FL 32708

Mailing Address

PO BOX 4657  
 WINTER PARK FL 32789  
 1468 Tuskawilla Rd.  
 Winter Sp. Fl. 32708

2. Principal Place of Business

1468 Tuskawilla Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Sp.

City & State

Fl.

4. FEI Number

59-3653870

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GIULIANI, JOHN~~  
~~625 CLARKE ST~~  
~~OWIEDO FL 32765~~

7. Name and Address of New Registered Agent

Name Lorraine Muller  
 Street Address (P.O. Box Number is Not Acceptable)  
 1468 Tuskawilla Rd.  
 City Winter Sp. FL Zip Code 32708

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

(NOTE: Registered Agent signature required when reinstating)

1/12/02  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> Delete
NAME	GIULIANI, JOHN	
STREET ADDRESS	PO BOX 4657	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	GIULIANI, JAMES	
STREET ADDRESS	PO BOX 4657	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	CO	<input type="checkbox"/> Delete
NAME	MICHEL, MARCUS	
STREET ADDRESS	315 E ROBINSON STREET 100	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorraine Muller	
STREET ADDRESS	1468 Tuskawilla Rd.	
CITY-ST-ZIP	Winter Sp. Fl. 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine Muller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 407-695-9900  
 Date Daytime Phone #

CR2E034 (9/01)