

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049113

1. Entity Name

JUVA MEDIC SPA, INC.

Inner Retreat Spa + Wellness Studio

Principal Place of Business

Mailing Address

6003 NW 31ST AVE  
FT LAUDERDALE FL 33309

6003 NW 31ST AVE  
FT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

726 Riverside Drive

1101 N. Congress Ave

Coral Springs, FL

Suite 206

33071

BROWARD

Boynton Beh, FLORIDA

33071

BROWARD

33426

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JURADO, ZULMA  
6003 NW 31ST AVE  
FT LAUDERDALE FL 33309

1101 N. Congress Ave  
Suite 206  
Boynton Beh, FLORIDA  
33426

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JURADO, ZULMA  
5800 COLONIAL DR, SUITE 407  
MARGATE FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JURADO, ZULMA  
726 RIVERSIDE DRIVE  
CORAL SPRINGS, FLORIDA 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
WHITSON, HELENE R.  
726 RIVERSIDE DRIVE  
CORAL SPRINGS, FLORIDA 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01.

(954) 254-9023

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90032 046 \*\*\*150.00

00033255



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1062825

Applied For  
Not Applicable

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

0251061

CR2E034 (10/00)