

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073915

1. Entity Name  
**MELISSA'S THERAPEUTIC TOUCH, INC.**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90018 020 \*\*\*150.00

**654830**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1401 GALLINULE DR DELRAY BEACH FL 33444</b>		Mailing Address <b>1401 GALLINULE DR DELRAY BEACH FL 33444</b>	
2. Principal Place of Business <b>5152 S. University Drive</b>		3. Mailing Address <b>5152 S. University Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State <b>Davie, Florida 33328</b>		City & State <b>Davie, Florida 33328</b>		4. FEI Number <b>65-1029319</b>		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>COOPER, MELISSA A 1401 GALLINULE DR DELRAY BEACH FL 33444</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5152 S. University Drive</b> City <b>Davie</b> FL Zip Code <b>33328</b>			
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Melissa A. Cooper **Melissa A. Cooper** 4/30/01 **(561) 703-1024**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)