

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90200 013 ***150.00

DOCUMENT # P00000074139

1. Entity Name
ALOHA HEALTH SPA, INC.

Principal Place of Business
**13247 A 38TH STREET, N.
CLEARWATER FL 33762**

Mailing Address
**POST OFFICE BOX 260502
TAMPA FL 33685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3663775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOON, MI
702 BELLE CHASE DRIVE
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

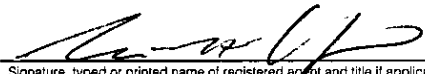
Street Address (P.O. Box Number is Not Acceptable)

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

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

TITLE PD
NAME YOON, MI
STREET ADDRESS 702 BELLE CHASE CIRCLE
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE VD
NAME YOON, TAE
STREET ADDRESS 702 BELLE CHASE CIRCLE
CITY-ST-ZIP TAMPA FL 33634 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME YOON, MI
STREET ADDRESS 10042 OASIS PALM DR.
CITY-ST-ZIP TAMPA, FL 33615 ☒ Change ☐ Addition

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

TITLE S.T
NAME RIM, SUN H.
STREET ADDRESS 1736 FORT SMITH BLVD.
CITY-ST-ZIP DELTONA, FL 32725 ☐ Change ☒ Addition

TITLE V
NAME TORTORELLO, JOHN
STREET ADDRESS 4822 BONITA VISTA DR
CITY-ST-ZIP TAMPA, FL 33634 ☐ Change ☒ Addition

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

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

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

4/27/2001
Date

(813) 250-0325
Daytime Phone #

CR2E034 (10/00)