

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90404 043 ***150.00

DOCUMENT # P00000074270

1. Entity Name

SOUTH FLORIDA MASSAGE THERAPY, INC.

Principal Place of Business

**7918 WEST DRIVE #4
 MIAMI FL 33141**

Mailing Address

**7918 WEST DRIVE #4
 MIAMI FL 33141**

2. Principal Place of Business

3. Mailing Address

**1402 JFK Cswy #129
 Suite, Apt. #, etc. #129**

**1402 JFK Cswy
 Suite, Apt. #, etc. 129**

City & State Miami FL

City & State Miami FL

Zip 33141 Country Dade

Zip 33141 Country Dade

4. FEI Number **65-1030615**

Applied For
 Not Applicable

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

**VALENTI, TONI
 7918 WEST DRIVE #4
 MIAMI FL 33141**

Name **Toni Valenti**

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

7927 East DR #264

City **Miami**

FL

Zip Code **33141**

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 **Toni Valenti**

4.27.02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTI, TONI 7918 WEST DRIVE #4 MIAMI FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Toni Valenti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.02 305-962-4839

Date

Daytime Phone #

CR2E034 (9/01)