

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90827 048 ***150.00

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FP

DOCUMENT # P00000074270

1. Entity Name
SOUTH FLORIDA MASSAGE THERAPY, INC.



Principal Place of Business
**1402 JFK CSWT #129
MIAMI FL 33141**

Mailing Address
**1402 JFK CSWT #129
MIAMI FL 33141**



2. Principal Place of Business
**7927 East Dr
Suite, Apt. #, etc.
#264**

3. Mailing Address
**7927 East Dr #
Suite, Apt. #, etc.
#264**

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33141
Country
USA

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Miami FL
Zip
33141
Country
USA

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

VALENTI, TONI
7927 EAST DR. #264 correct
MIAMI FL 33141

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Toni Valenti** **Toni Valenti Director**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-28-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VALENTI, TONI**
STREET ADDRESS **7918 WEST DRIVE #4**
CITY-ST-ZIP **MIAMI FL 33141**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Toni Valenti** ☒ Change ☐ Addition
NAME **Toni Valenti**
STREET ADDRESS **7927 East Dr #264**
CITY-ST-ZIP **Miami FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

4.28.03 **305-962-4839**
Date Daytime Phone #

CR2E034 (10/02)