

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90183 001 ***150.00
07-24-2002 90183 002 *****5.00

DOCUMENT # **P00000073119**

1. Entity Name

MAGNOLIA SKIN & BODY SPA INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24836 S.R. 54

3. Mailing Address

24836 S.R. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LUTZ FL.

City & State
LUTZ FL.

4. FEI Number

161-00-056586-41-9

Applied For

Not Applicable

Zip
33559

Country
U.S.A.

Zip
33559

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

YACOB I. REIBER

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

26650 HIGHWAY 54

City
LUTZ

FL

Zip Code
33549

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY- ST- ZIP
PRESIDENT; ATTILA POROSLAY
23007 BEACHNUT CT.
LUTZ FL. 33559

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SECRETARY-TREASURER; GIZELLA I. PO
ROSLAY
23007 BEACHNUT CT. LUTZ FL. 33559

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ATTILA POROSLAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/02

Date

(813) 948-4001

Daytime Phone #

CR2E034B (12/01)

Attachment 97811

#P00000079119

TO WHOM IT MAY CONCERN,

SOME REASON, BEYOND OUR CONTROL WE DID NOT
RECEIVE ANY NOTICE OF THE DUE REPORT FOR 2002.

AS SOON AS WE RECEIVED THE NOTICE (SECOND) WE
HANDLED IT OUT WITH OUR PAYMENT, ON 07/08/02.

WE ARE SORRY FOR ANY INCONVENIENCE.

97811

WITH RESPECT

ATTILA BOROSLAV

~~Attila Boroslav~~ PRESIDENT MAGOLIA SKIN & BODY SPA/LLC