

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90091 031 ***150.00

DOCUMENT # **700000083379** ✓
1. Entity Name **ICI DAY SPA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **SPA ZEN / ICI DAY SPA**
Suite, Apt. #, etc.

3. Mailing Address **123 E. Palmetto PK Rd**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton Fl.
Zip **33432** Country **PBeach**

4. FEI Number **65-1036414**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Joan Tabano**
Street Address (P.O. Box Number is Not Acceptable) **320 SE MIZNER BLVD. APT. 1103**
City **Boca Raton, Fl.** FL Zip Code **33432**

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 **Joan Tabano**
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 **PRESIDENT**
NAME **JOAN TABANO**
STREET ADDRESS **320 SE MIZNER BLVD. APT 1103**
CITY-ST-ZIP **BOCA RATON, FL. 33432**

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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: **Joan Tabano** **4/29/02 561-394-0344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)