

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90005 018 ***150.00

DOCUMENT # *P0000064131*

1. Entity Name

Tranquil Moments Therapeutic Massage Inc.
DBA Tranquil Moments Salon And Spa

Principal Place of Business

12121 Taft Street
Pembroke Pines, FL 33026

Mailing Address

521 NW 205 Avenue
Pembroke Pines, FL
33029

2. Principal Place of Business

12121 Taft Street

Suite, Apt. #, etc.

3. Mailing Address

521 NW 205 Avenue

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1048202

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33029

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Margaret L. Simone
521 NW 205 Avenue
Pembroke Pines, FL 33029

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 *President, Registered Agent* ☐ Delete
 NAME *Margaret L. Simone*
 STREET ADDRESS *521 NW 205 Avenue*
 CITY-ST-ZIP *Pembroke Pines, FL 33029*

TITLE *Vice President* ☐ Delete
 NAME *Vincent J. Simone*
 STREET ADDRESS *521 NW 205 Avenue*
 CITY-ST-ZIP *Pembroke Pines, FL 33029*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret L. Simone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01 *(954) 436-4969*
 Date Daytime Phone #

CR2E034 (11/00)