

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

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90058 001 \*\*\*150.00

DOCUMENT # **P01000030365**

1. Entity Name

**STUDIO A OF TAMPA BAY, INC.**

**DO NOT WRITE IN THIS SPACE**

**870241**

2. Principal Place of Business

**5223 EHRlich ROAD**

Suite, Apt. #, etc.

**SUITE C**

City & State

**TAMPA, FLORIDA**

Zip

**33624**

Country

**USA**

3. Mailing Address

**5223 EHRlich ROAD**

Suite, Apt. #, etc.

**SUITE C**

City & State

**TAMPA, FLORIDA**

Zip

**33624**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3705245**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**SPIEGEL + UTRERA, P.A.**

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

**343 ALMERIA AVENUE**

City

**CORAL GABLES**

FL

Zip Code

**33134**

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**  
**ALLON SAMS**  
**5223 EHRlich RD. STE. C**  
**TAMPA, FL 33624**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT**  
**MONALEE HUMESKY**  
**5223 EHRlich RD. STE. C**  
**TAMPA, FL 33624**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/17/02**

**(813) 961-1842**

CR2E034B (12/01)

Attachment  
Doc # 11  
7010000388 65

870241

June 10, 2002

Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, FL 32399

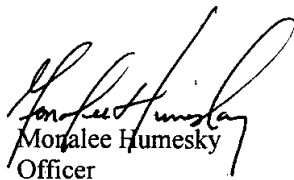
To whom it may concern,

Per instructions by your representatives, please find this letter official notice that neither I, nor the registered agent ever constructively received notice of the Uniform Business Report.

I was told to complete the Uniform Business Report and submit it along with the appropriate Filing Fees, without prejudice to any late filing fees.

Therefore, please find the Uniform Business Report for Studio A Tampa Bay, Inc. with a check in the amount of \$150.00.

Sincerely,

  
Moralee Humesky  
Officer