

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**  
 03-11-2002 90055 014 \*\*\*150.00

**DOCUMENT # P01000041422**

**1. Entity Name**  
**GREENHOUSE DAY SPA GROUP, INC.**

**Principal Place of Business**  
 770 SOUTH DIXIE HWY 2ND FLOOR  
 CORAL GABLES FL 33146

**Mailing Address**  
 770 SOUTH DIXIE HWY 2ND FLOOR  
 CORAL GABLES FL 33146

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

65-1104938

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

ST. PHILIP, CARL  
 770 SOUTH DIXIE HWY 2ND FLOOR  
 CORAL GABLES FL 33146

Name

BRUCE JORDAN

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

4 FEB 02

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME P/D Leonard Fluxman  
 STREET ADDRESS 770 S. Dixie Hwy Ste 200  
 CITY-ST-ZIP Coral Gables, FL 33146

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

TITLE ☐ Delete  
 NAME P/D Carl St. Philip  
 STREET ADDRESS 770 S. Dixie Hwy Ste 200  
 CITY-ST-ZIP Coral Gables, FL 33146

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 FEB 02

Date

305.358.9002

Daytime Phone #

CR2E034 (9/01)