

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

DOCUMENT # PO1000111322

1. Entity Name

Three Friend Bath and Body, Inc.

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 006 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1150 NE 34th Ct

3. Mailing Address

1150 NE 34th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Oakland PK FL

Zip

33334

Country

USA

Zip

33334

Country

4. FEI Number

01-0575649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Margaret Broenniman

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

1400 NE 14th St

City

Ft. Lauderdale, FL

FL

Zip Code

33304

**DO NOT WRITE
IN THIS SPACE**

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
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<u>President</u>	<u>Joseph W. Mark</u>	<u>1150 NE 34th Ct.</u>	<u>Oakland Park, FL 33334</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<u>Treasurer</u>	<u>Michael DiBenedetto</u>	<u>3926 Taft St.</u>	<u>Hollywood, FL 33021</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<u>Secretary</u>	<u>Margaret Broenniman</u>	<u>1400 NE 14th St.</u>	<u>Ft. Lauderdale, FL 33304</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<u>Director</u>	<u>Ariana Testamarch</u>	<u>1400 NE 14th St.</u>	<u>Ft. Lauderdale, FL 33304</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 954-544-3992

Date

Daytime Phone #