APPROVED AND FILED

03 APR 29 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047217

1. Entity Name
SPA MANAGEMENT SOLUTIONS INC.

DO NOT WRITE IN THIS SPACE

900020428093
06/03/03--01047--032 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17970 NE 31ST CT	17970 NE 31ST CT
Suite, Apt. #, etc.: APT 4305	Suite, Apt. #, etc.: APT 4305
City & State: AVENTURA FL	City & State: AVENTURA FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. FEI Number 88-0423394 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Registered Agent

Name: A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2ND AVENUE SUITE 1036

City: MIAMI FL Zip Code: 33131

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: PAUL SMITH, VICE PRESIDENT 02-21-03
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	PD
NAME	PAHEL, TAMMY
STREET ADDRESS	17970 NE 31ST CT APT 4305
CITY-ST-ZIP	AVENTURA FL 33160
TITLE	DV
NAME	VOGEL, SCOTT
STREET ADDRESS	17970 NE 31ST CT APT 4305
CITY-ST-ZIP	AVENTURA FL 33160

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CR2E034B (12/01)

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: TAMMY PAHEL, PD 1/1/03 3059336930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #