

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

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90140 005 \*\*\*150.00

DOCUMENT # P0200053598 (K)

1. Entity Name

SPA CHERJ INC.



**DO NOT WRITE IN THIS SPACE**

**90139883**

2. Principal Place of Business

3404 S. UNIVERSITY DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAV. FL

City & State

4. FEI Number

02-060534

Applied For

Not Applicable

Zip

FL

Country

33328

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHERT RIOS

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

3404 S. UNIVERSITY DR

City

DAVIE

FL

Zip Code

33328

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chert Rios

6-2-03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>CHERT RIOS</u>	<u>D.P.S.</u>
NAME	<u>3404 S. UNIVERSITY DR</u>	
STREET ADDRESS	<u>DAVIE FL 33328</u>	
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chert Rios Pres.

6-2-03 954-382-2282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

90139883



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

1500 DEPT of  
STATE

May 19, 2003

SPA CHERI, INC.  
3404 S. UNIVERSITY DR.  
DAVIE, FL 33328

SUBJECT: SPA CHERI, INC.  
Ref. Number: P02000053598

Pursuant to our telephone conversation of May 19, 2003, I am enclosing a blank uniform business report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 303A00031061

WE ARE REQUESTING WAIVER OF  
ALL PENALTIES SINCE WE DID NOT  
RECEIVE THE ORIGINAL

Chai Rio