

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90103 019 ***150.00

DOCUMENT # P02000054556



1. Entity Name
MIRAMAR MASSAGE & DIAGNOSTIC CENTER, INC

Principal Place of Business
3172 UNIVERSITY DRIVE
MIRAMAR, FL 33024

Mailing Address
6067 HOLLYWOOD BLVD
3RD FLOOR
HOLLYWOOD, FL 33024

10038282

2. Principal Place of Business

3172 S. University Dr.
Suite, Apt. #, etc.

3. Mailing Address

3172 S. University Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MIRAMAR, FLORIDA

Zip
33025

Country

City & State

MIRAMAR, FLA.

Zip

33025

Country

4. FEI Number

35-2168985

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIEL, IVAN
6067 HOLLYWOOD BLVD
3RD FLOOR
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name

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

3172 S. University Drive

CITY MIRAMAR

FL

Zip Code

33025

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

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

(NOTE: Registered Agent's signature required when installing)

3/10/03

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PV
DANIEL, IVAN
6067 HOLLYWOOD BLVD 3RD FLOOR
HOLLYWOOD, FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3172 S. University Drive
MIRAMAR, FLA. 33025

☒ Change

☐ Addition

TITLE
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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 Block 11 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

03/10/03 (904) 392-8806

Date

Daytime Phone #

CR2E034 (10/02)