

FLORIDA DEPARTMENT OF STATE

UNIFORM BUSINESS REPORT (UBR)

Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 23 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000068333

1. Corporation Name

Magic Tan of Florida, Inc.

Principal Place of Business

Mailing Address

600038482436
06/30/04--01046--023 **61.25

3. Date Incorporated or Qualified

6/20/2002

3a. Date of Last Report

5/11/04

4. FEI Number

421548257

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under
s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 PMB 707

2a. Mailing Address

26 PMB 707

Suite, Apt. #, etc.

22 7040 W. Palmetto Park Rd., Ste. 4

Suite, Apt. #, etc.

27 7040 W. Palmetto Park Rd., Ste. 4

City & State

23 Boca Raton FL

City & State

28 Boca Raton FL

Zip

24 33433

County

25 Palm Beach

Zip

29 33433

County

30 Broward

9. Name and Address of Current Registered Agent

PELLICCIO, MICHELE
20335 BISCAVNE BLVD., ROOM #L-35
AVENTURA, FL 33180

10. Name and Address of New Registered Agent

81 Name

Justin Scarpelli

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

PMB 707

83

7040 W. Palmetto Park Rd., Ste. 4

84

City
Boca Raton

FL

85

Zip Code
33433

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

see block 14

Justin Scarpelli

6/14/04

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

(NOTE: Registered Agent signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PELLICCIO, MICHELE

PMB-707 7040 W. Palmetto Park Rd., Ste. 4

Boca Raton FL 33433

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PELLICCIO, MICHELE

9745 vineyard COURT

Boca Raton, FL 33428

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

Justin Scarpelli

7040 W. Palmetto Park Rd., Ste. 4

AVENTURA FL 33180

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Justin Scarpelli

PMB 707

7040 W. Palmetto Park Rd., Ste. 4

Boca Raton, FL 33433

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #