P02000103020

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55035198

2003

# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103020

1. Entity Name
Cedarwoods Day Spa & Wellness Cen

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business
10046 Griffin Rd
Suite, Apt. #, etc.
Cooper City, Fl
City & State
Zip 33328 Country

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
03-31-2003 90291 006 150.00

4. FEI Number
02-0646519
Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Paula Guillen
Street Address (P.O. Box Number is Not Acceptable)
10046 Griffin Rd
City Cooper City FL Zip Code 33328

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 Paula Guillen 04/24/03
Signature, typed or printed name of registered agent and date 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 | Sec't, Treas |
| NAME | Paula Guillen |
| STREET ADDRESS | 10046 Griffin Rd |
| CITY-ST-ZIP | Cooper City, Fl 33328 |
| TITLE | DRS |
| NAME | Vidalina Malaise |
| STREET ADDRESS | 10046 Griffin Rd |
| CITY-ST-ZIP | Cooper City, Fl 33328 |
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CR2E004S (12/02)

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: Paula Guillen 3-29-03 954-680-4989
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #