

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90079 023 ***150.00

DOCUMENT # P94000075092

1. Entity Name
MIAMI TAN & SPA, INC.



Principal Place of Business
**1650 N FEDERAL HWY
BAY 7
POMPANO BEACH FL 33062
US**

Mailing Address
**3440 HOLLYWOOD BLVD.
SUITE 470
HOLLYWOOD FL 33021
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
143 SW 6th Street
Suite, Apt. #, etc.

3. Mailing Address
8211 W Broward Blvd
Suite, Apt. #, etc.
Suite 350

City & State
Pompano Beach, FL
Zip
33060 Country
US

City & State
Plantation, FL
Zip
33324 Country
US

4. FEI Number
65-0536112

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, JENNIFER
8211 W.BROWARD BLVD
SUITE 350
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Jennifer A Schwartz**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PDST SCHWARTZ, JENNIFER 8211 W.BROWARD BLVD,STE 350 PLANTATION FL 33324	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Jennifer A Schwartz President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/28/03** Daytime Phone # **954-452-8813**

CR2E034 (10/02)