

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094783

1. Entity Name

MASSAGE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10: 59

Principal Place of Business

4421 121 TERR N
ROYAL PALM BEACH FL 33411
US

Mailing Address

4421 121 TERR N
ROYAL PALM BEACH FL 33411
US

2. Principal Place of Business

305 Lakeview Dr. E.

3. Mailing Address

305 Lakeview Dr. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Royal Palm Bch, FL

City & State

Royal Palm Bch FL

4. FEI Number

65-0672079

Applied For

Not Applicable

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Keelee W. Wright

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

305 Lakeview Dr. E.

City

R.P.B.

FL

Zip Code

33411

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, ALFREDO	
STREET ADDRESS	4421 121 TERR N	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Keelee WRIGHT	
STREET ADDRESS	305 Lakeview Dr. E.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Keelee WRIGHT	
STREET ADDRESS	305 Lakeview Dr. E.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003399496	
CITY-ST-ZIP	-03/20/00--01069--007	
	***550.00	***550.00
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keelee WRIGHT

Date

Daytime Phone

AD