

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000094783**

1. Entity Name

MASSAGE INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 27 PM 2:51

Principal Place of Business

Mailing Address

**305 CAKEVIEW DR
ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business

520 E 79 ST #5-D

3. Mailing Address

520 EAST 99 ST #5D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N.Y. N.Y. 10021

N.Y. N.Y.

City & State

City & State

N.Y.

N.Y.

Zip

Zip

Country

Country

10021 N.Y.

10021

USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEELE WRIGT
305 CAKEVIEW DR. W.P.B. FL.
33411**

Name **ALFRED E. RUIZ LAPRA**
Street Address (P.O. Box Number is Not Acceptable) **9700 COLLINS AVE. Suite 126**
BAL HARBOUR
City **BAL HARBOUR** **FL** Zip Code **33154**

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres. Director	<input checked="" type="checkbox"/> Delete
NAME	KEELE WRIGT	
STREET ADDRESS	305 CAKEVIEW DR W.P.B. FL	
CITY-ST-ZIP	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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFRED E. RUIZ LAPRA	
STREET ADDRESS	520 E. 79 ST Suite 5-D	
CITY-ST-ZIP	N.Y. 10021	
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/01

Date

Daytime Phone #

CE-0334 (11/00)