

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90005 038 \*\*\*150.00

0031793 AV

**DOCUMENT # P95000095268**

1. Entity Name  
**RONI'S MASSAGE THERAPY, INC.**



Principal Place of Business <b>2160 UNIVERSITY DRIVE CORAL SPRINGS FL 33071</b>	Mailing Address <b>2160 UNIVERSITY DRIVE CORAL SPRINGS FL 33071</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>P.O. Box 9520</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>CORAL SPRINGS</b>
Zip	Zip <b>33075</b>

4. FEI Number **65-0634231** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CHIAVERINI, RONALD**  
**2160 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33071**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHIAVERINI, RONALD</b> <b>2160 UNIVERSITY DRIVE</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED R.J. CHIAVERINI** 7-16-01 954-753-1690  
Date Daytime Phone #

CR2E034 (5/01)

A Hoch mark

A00793623

## Roni's Massage Therapy, Inc.

July 16, 2001.

# P95000095268

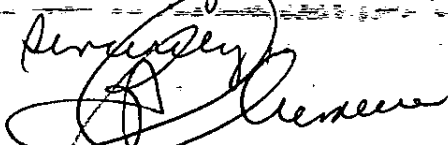
To Whom it may Concern:

I just received this notice for the first time.  
(FEIN 65-0634231 - Document # P95000095268)

I never received the report sent out earlier  
this year. I am changing my mailing address

as noted on the report to our P.O. box since we are  
now having a major problem receiving our mail  
in the building we rent in (all mail goes to  
front desk then to the building owner then to us).

I know it is our responsibility to file this before  
May 1, however, my wife and I are fighting  
her breast cancer which now is in her spine.  
I just forgot about filing without receiving the form.  
Thank you for your prompt attention.

Sincerely,  
  
R. J. CHIVERINI