

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P96000033067

1. Entity Name

CAPTIVE SUN TANNING SALONS, INC.

Principal Place of Business

1755 ALTON ROAD
MIAMI BEACH FL 33139

Mailing Address

1830 W 24TH ST
MIAMI BEACH FL 33140-4531
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1755 ALTON RD

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

Zip

33139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0662035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORCROSS, BRYAN
1830 W 24TH ST
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name ROBERT KNOTT

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

1830 W 24TH ST

City

MIAMI BEACH

FL

Zip Code

33140

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, 2000 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

TITLE PVD
NAME NORCROSS, BRYAN
STREET ADDRESS 1830 W 24 ST
CITY-ST-ZIP MIAMI FL 33140

☒ Delete

TITLE STD
NAME BALZEBRE, ROBERT
STREET ADDRESS 1830 W 24 ST
CITY-ST-ZIP MIAMI FL 33140

☒ Delete

TITLE PVD
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/00 305532 7076

CR2E034 (9/99)