

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91298 003 ***150.00

DOCUMENT # P96000055771

1. Entity Name

La Mouche under Anita's
Salon & Spa Inc.



DO NOT WRITE IN THIS SPACE

11023998

2. Principal Place of Business

26251 S. Miami
Trail
Trl

3. Mailing Address

5963 Trophy Dr. 2003
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

South Beach FL
34134 USA

City & State

Naples FL 34110
USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

A.S. Fradenburgh

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

5963 Trophy Dr 2003

City

Naples

FL

Zip Code

34110

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

A.S. Fradenburgh

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

(NOTE: Registered Agent signature required when reinstating)

4-22-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Owner
NAME A.S. Fradenburgh
STREET ADDRESS 5963 Trophy Dr. #2003
CITY-ST-ZIP Naples FL 34134

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

A.S. Fradenburgh
A.S. FRADENBURGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 2233
839-949

Date

Daytime Phone #

CR2E034B (12/02)