

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080415

1. Entity Name

MASSAGE THERAPY WORKS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90039 026 \*\*\*150.00

Principal Place of Business

Mailing Address

812 BLUE RIDGE CIR  
W PALM BCH FL 33409  
US

812 BLUE RIDGE CIR  
W PALM BCH FL 33406-9061  
US

2. Principal Place of Business

107 S. Palm Way  
Suite, Apt. #, etc.  
#3

3. Mailing Address

107 S. Palm Way  
Suite, Apt. #, etc.  
#3

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

USA

Zip

33460

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0705701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPPADORO, JACQUELYN S  
697 CARNATION COURT  
WEST PALM BEACH FL 33414

Name

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

City

FL

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

*Jacquelyn Cappadoro*

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

(NOTE: Registered Agent signature required when reinstating)

4/7/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete  
NAME CAPPADORO, JACQUELYN S  
STREET ADDRESS 812 BLUE RIDGE CIR  
CITY-ST-ZIP W PALM BCH FL 33409

TITLE ☒ Change ☐ Addition  
NAME 107 S. Palm Way #3  
STREET ADDRESS Lake Worth, FL 33460  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CAPPADORO, JACQUELYN S  
STREET ADDRESS 812 BLUE RIDGE CIR  
CITY-ST-ZIP W PALM BCH FL 33409

TITLE ☒ Change ☐ Addition  
NAME 107 S. Palm Way #3  
STREET ADDRESS Lake Worth, FL 33460  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*Jacquelyn Cappadoro*

Date

Daytime Phone #

4/7/00 561-818-7446

CP25234 (9/00)