

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030092

1. Entity Name

S.A. DAY SPA, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90045 036 \*\*\*150.00

Principal Place of Business

Mailing Address

3292 STIRLING ROAD  
EMERALD HILL  
HOLLYWOOD FL 33021  
US

3292 STIRLING ROAD  
EMERALD HILL  
HOLLYWOOD FL 33021-2041  
US

2. Principal Place of Business

2851 S. OCEAN BLVD

3. Mailing Address

2851 S. OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7V

7V

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

PALM BEACH

Zip

33432

Country

PALM BEACH

4. FEI Number

65-0747112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDRA, SONIA  
3292 STIRLING ROAD  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name SONIA ALEXANDRA

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

2851 S. OCEAN BLVD., 7V

City

BOCA RATON

FL

Zip Code

33432

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
ALEXANDRA, SONIA  
3292 STIRLING ROAD  
HOLLYWOOD FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

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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:

*Sonia Alexandra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

Date

5613613966  
Daytime Phone #

CR2E034 (9/99)