

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90082 005 ***150.00

DOCUMENT # P97000086353
1. Entity Name
SOUTH FLORIDA THERAPUTIC MASSAGE, INC.**Principal Place of Business**
Mailing Address**2. Principal Place of Business**
4321 NW 93RD WAY
Suite, Apt. #, etc.
3. Mailing Address
4321 NW 93RD WAY
Suite, Apt. #, etc.**City & State**
SUNRISE FL
City & State
SUNRISE FL
Zip
33351
Country
Zip
33351
Country**4. FEI Number**
65-0822780
Applied For
☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LOUIS J. COHN, ESQ
8041 W. MC NAB ROAD
TAMARAC, FL 33321**7. Name and Address of New Registered Agent**
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**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>PRESIDENT</u> <u>RISE J. FLEISIG</u> <u>4321 N.W. 93RD WAY</u> <u>SUNRISE FL 33351</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Rise Fleisig **RISE FLEISIG** 4-15-00 (954) 746-2958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)