2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90131 042 ***150.00

DOCUMENT # P97000087040

1. Entity Name
GINGE MASSAGE & THERAPIES, INC.

Principal Place of Business
~~5669 PACIFIC BLVD #2513~~
~~BOCA RATON FL 33433~~

Mailing Address
~~5669 PACIFIC BLVD #2513~~
~~BOCA RATON FL 33433~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7633 Courtyard Run W.	7633 Courtyard Run W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton	City & State: Boca Raton
Zip: 33433 / Country: USA	Zip: 33433 / Country: USA

4. FEI Number 65-0806683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, IRA SCOT ESQ
2200 W COMMERCIAL BLVD SUITE 301
FORT LAUDERDALE FL 33309

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, 2002 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	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SILVERSTEIN, JEFFREY M	NAME	
STREET ADDRESS	~~5669 PACIFIC BLVD #2513~~	STREET ADDRESS	7633 Courtyard Run West
CITY-ST-ZIP	~~BOCA RATON FL 33433~~	CITY-ST-ZIP	Boca Raton FL 33433
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 1/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)