

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000064544**

1. Entity Name

SURF 'N' SPRAY HEALTH INC.

Principal Place of Business

**1404 N BOARDWALK
HOLLYWOOD FL 33019**

Mailing Address

**1404 N BOARDWALK
HOLLYWOOD FL 33019-3334**

2. Principal Place of Business

Hollywood

3. Mailing Address

1404 N Boardwalk

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood - FL

City & State

Hollywood - FL

Zip

33019

Country

Broward

Zip

33019

Country

Broward

6. Name and Address of Current Registered Agent

**NADAR, MONA A
6541 FLETCHER ST
HOLLYWOOD FL 33023**

Name

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

City

FL | Zip Code

4. FEI Number

65-0858406Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

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

MONA A. NADER

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

Mona Nader

(NOTE: Registered Agent signature required when reinstating)

4/26/2000

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	P	<input type="checkbox"/> Delete
NAME	NADER, MONA ALI	
STREET ADDRESS	1404 N BOARDWALK	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	NADER, NAGY ALI	
STREET ADDRESS	1404 N BOARDWALK	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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12.

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CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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:

MONA A. NADER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mona Nader**4/26/2000**

Date

1-954-927-6277

Daytime Phone #

FILED

00 MAR 23 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

SP