

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092633

1. Entity Name

MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91297 011 ***150.00

Principal Place of Business

206 EAST MCNAB ROAD
POMPANO BEACH FL 33060

Mailing Address

199 EAST MCNAB ROAD
#106
POMPANO BEACH FL 33060

655740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17th ST. ANNEX 1043 SE. 17th STREET
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

4. FEI Number

65-0880022

Applied For

Not Applicable

Zip 33316

Country

USA

Zip

Country

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

LAFFER, SAMUEL
199 EAST MCNAB ROAD
#106
POMPANO BEACH FL 33060

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, 2001 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
NAME LAFFER, SAMUEL
STREET ADDRESS 199 EAST MCNAB ROAD, #106
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SAMUEL LAFFER

4/30/01 954-309-1881
Date Daytime Phone #

CR2E034 (10/00)