

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91632 035 ***150.00

01/04/35 AV

DOCUMENT # P98000092633

1. Entity Name

MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.

Principal Place of Business

**1043 SE 17TH ST
 FORT LAUDERDALE FL 33316**

Mailing Address

**199 EAST MCNAB ROAD
 #106
 POMPANO BEACH FL 33060**

2. Principal Place of Business

231 B Commercial Blvd

3. Mailing Address

Suite, Apt. #, etc.

LAUDERDALE BY THE SEA

City & State

FLORIDA

Zip

Country

33508 BR.

Zip

Country

4. FEI Number

65-0880022

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

LAFFER, SAMUEL

199 EAST MCNAB ROAD

#106

POMPANO BEACH FL 33060

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

TITLE **D** ☐ Delete
 NAME **LAFFER, SAMUEL**
 STREET ADDRESS **199 EAST MCNAB ROAD, #106**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CR2E034 (9/01)

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:

SAMUEL W. LAFFER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL W. LAFFER 5/1/02 954-309-884

Date

Daytime Phone #