

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095174

1. Entity Name

SPA TO GO ESSENTIALS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90362 047 ***150.00

Principal Place of Business

256 WORTH AVE GUCCI VIA
PALM BEACH FL 33480

Mailing Address

256 WORTH AVE GUCCI VIA
PALM BEACH FL 33480

00033004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0874314

Applied For

Not Applicable

Zip

Country

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

LIBERMAN, ERIC
307 URLLIAN AVE
APT #1
PALM BEACH FL 33480

Name

Eric Lieberman

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

307 Chilian Ave #1

City

Palm Beach

State

Zip Code

33480

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 PDS
NAME LIEBERMAN, ERIC
STREET ADDRESS 256 WORTH AVE- GUCCI VIA
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

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

TITLE DV
NAME LIEBERMAN, CHRISTINE
STREET ADDRESS 256 WORTH AVE- GUCCI VIA
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

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

TITLE T
NAME LIEBERMAN, CAROL
STREET ADDRESS 256 WORTH AVE- GUCCI VIA
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

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

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CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)