

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019304

1. Entity Name

LIVING WATERS DAY SPA, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90067 002 ***158.75

Principal Place of Business

16288 S.W. 8TH STREET
PEMBROKE PINES FL 33027

Mailing Address

16288 S.W. 8TH STREET
PEMBROKE PINES FL 33027-1076

2. Principal Place of Business

301 NW 179th Ave.

Suite, Apt. #, etc.

SUITE 102

3. Mailing Address

16288 SW 8th ST

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines FL

Zip

33029

Country

USA

Zip

33027

Country

USA

4. FEI Number

65-0893818

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKLER, GREGORY
16288 S.W. 8TH STREET
PEMBROKE PINES FL 33027

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, 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	D	<input type="checkbox"/> Delete
NAME	BECKLER, BARBARA	
STREET ADDRESS	16288 S.W. 8TH STREET	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKLER, GREGORY	
STREET ADDRESS	16288 S.W. 8TH STREET	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara E. Beckler Barbara Beckler 2/1/00 (954) 430-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #