

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0159150 AV

02-11-2002 90030 047 ***150.00

DOCUMENT # P99000019304

1. Entity Name
LIVING WATERS DAY SPA, INC.

Principal Place of Business
**301 NW 179TH AVE.
 STE 102
 PEMBROKE PINES FL 33029**

Mailing Address
**16288 S.W. 8TH STREET
 PEMBROKE PINES FL 33027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

301 NW 179th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 102

City & State

City & State

Pembroke Pines FL

Zip

Country

33029

Broward

4. FEI Number **65-0893818**

Applied For
 Not Applicable

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP		

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Beckler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 *9544474772*
 Date Daytime Phone #

CR2E034 (9/01)