

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90001 045 ***150.00

DOCUMENT # P99000050682

1. Entity Name

DIVINE WAXING SYSTEM INC. DBA OFRA EUROPEAN SPA

Principal Place of Business

Mailing Address

~~85 PELICAN DRIVE~~
FT. LAUDERDALE FL 33301

P.O. BOX 2449
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0924581**

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

~~GERSTLE, MARK~~
~~19495 BISCAYNE BLVD., SUITE 105~~
~~AVENTURA FL 33180~~
DAVID POLLACK
MUSEUM TOWER
150 W. FLAGLER ST.
MIAMI, FL, 33130

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.

(NOT 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	P	<input type="checkbox"/> Delete
NAME	GAITO, DAVID	
STREET ADDRESS	85 PELICAN DR P.O. Box 2449	
CITY-ST-ZIP	FT. LAUDERDALE FL 33303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for
 indicated on this report or supplemental report is true and accurate and that n
 of the corporation or the receiver or trustee empowered to execute this report
 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)