

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075925

1. Entity Name

SOBE MASSAGE, INC.

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

05-04-2000 90232 018 ***150.00

Principal Place of Business

6039 COLLINS AVE #407
 MIAMI FL 33140

Mailing Address

6039 COLLINS AVE #407
 MIAMI FL 33140-2212

2. Principal Place of Business

6039 COLLINS AVE

3. Mailing Address

6039 COLLINS AVE

Suite, Apt. #, etc.

#407

Suite, Apt. #, etc.

#407

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0945822

Applied For

Not Applicable

Zip

Country

33140-2212

Zip

Country

33140-2212

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

JURASEK, ROBERT F
 6039 COLLINS AVE #407
 MIAMI FL 33140

Name

JURASEK, ROBERT F

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

6039 COLLINS AVE #407

City

MIAMI BEACH

FL

Zip Code

33140-2212

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JURASEK, ROBERT F
 CITY-ST-ZIP 6039 COLLINS AVE #407
 MIAMI FL 33140

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP MIAMI BEACH, FL 33140-2212

TITLE ☐ Delete
 NAME D
 STREET ADDRESS AGNELLO, JAMIE A
 CITY-ST-ZIP 6620 INDAIN CREEK DR #102
 MIAMI BEACH FL 33141

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Robert F. Jurasek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

305-861-6141

Daytime Phone #

CR2E034 (9/99)