

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90032 037 ***150.00

DOCUMENT # P99000089040

1. Entity Name
ALEGRIA MASSAGE THERAPY, INC.

Principal Place of Business Mailing Address
~~17101 NE 19TH AVE, SUITE 203~~ ~~17101 NE 19TH AVE, SUITE 203~~
~~NORTH MIAMI BEACH FL 33162~~ ~~NORTH MIAMI BEACH FL 33162~~

2. Principal Place of Business 3. Mailing Address
18226 W DIXIE HWY **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. MIAMI BEACH, FL
 Zip Country Zip Country
33160 **DADE**

4. FEI Number **65-0952943** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARDO, TERSITA
~~17101 NE 19TH AVE, SUITE 203~~
~~NORTH MIAMI BEACH FL 33162~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
18226 W. DIXIE HIGHWAY
 City **NORTH MIAMI BEACH FL** Zip Code **33160**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D PARDO, TERESITA	17101 NE 19TH AVE, SUITE 203	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		18226 W. DIXIE HIGHWAY	NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date Daytime Phone #

CR2E034 (9/01)