

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012125

**Entity Name:** NO MORE TEARS, INC.

**Current Principal Place of Business:**

888 SOUTH ANDREWS AVENUE, SUITE 201  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

C/O SOMY ALI  
6815 BISCAYNE BLVD., STE 103-388  
MIAMI, FL 33138 US

**FEI Number:** 20-5951942

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALI, SOMY  
888 SOUTH ANDREWS AVENUE, SUITE 201  
FORT LAUDERDALE, FL 33316 US

*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:** SOMY ALI

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ALI, SOMY  
Address 1221 SOUTH 21ST AVENUE  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name FINLEY, LAURA  
Address 1221 SOUTH 21ST AVENUE  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name AWATRAMANI, SOMU  
Address 1221 SOUTH 21ST AVENUE  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name SHARMA, AKSHAY  
Address 1221 SOUTH 21ST AVENUE  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name LILLY, CHRISTIANA  
Address 888 SOUTH ANDREWS AVENUE,  
SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33316

Title D  
Name THAKKER, PRASHANT  
Address 888 SOUTH ANDREWS AVENUE,  
SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SOMY ALI

PRES

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date