

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012125

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

**Current Principal Place of Business:**

6815 BISCAYNE BOULEVARD  
103-388  
MIAMI, FL 33138

**FILED**  
**Jan 04, 2023**  
**Secretary of State**  
**6516917332CC**

**Current Mailing Address:**

C/O SOMY ALI  
3301 NE 1ST AVE UNIT 1201  
MIAMI, FL 33137 US

**FEI Number:** 20-5951942

**Certificate of Status Desired:** Yes

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

ALI, SOMY  
6815 BISCAYNE BLVD  
SUITE 103-388  
MIAMI, FL 33138 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

01/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ALI, SOMY  
Address 6815 BISCAYNE BLVD  
103-388  
City-State-Zip: MIAMI FL 33138

Title D  
Name MCCUNE, MELISSA  
Address C/O SOMY ALI  
6815 BISCAYNE BLVD., STE 103-388  
City-State-Zip: MIAMI FL 33138

Title D  
Name LILLY, CHRISTIANA  
Address C/O SOMY ALI  
6815 BISCAYNE BLVD., STE 103-388  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name POYER, JOSHUA  
Address C/O SOMY ALI  
6815 BISCAYNE BLVD., STE 103-388  
City-State-Zip: MIAMI FL 33138

Title D  
Name WALSH, LAUREN  
Address 6815 BISCAYNE BLVD  
SUITE 103-388  
City-State-Zip: MIAMI FL 33138

*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:** ALI, SOMY

**PRESIDENT**

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date